# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 07, 2000 8:00 a**
**Secretary of State**
02-07-2000 90040 041 ***150.00

DOCUMENT # F99000004778

1. Entity Name SRTDA BUSINESS SERVICES, INC.
(fka CBIZ ACQUISITION 3 CORP. )

| Principal Place of Business | Mailing Address |
|---|---|
| 6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131 | 6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131-2222 |

913510

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 399 NORTHWEST BOCA RATON BLVD.SAME AS ABOVE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BOCA RATON, FL | City & State |
| Zip: 33432 Country: USA | Zip Country |

4. FEI Number 34-1900735

5. Certificate of Status Desired ☐ $8.75 Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WINKLER, FRED M<br>6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>WALTER F. ADAMS, III<br>399 NORTHWEST BOCA RATON BLVD.<br>BOCA RATON, FL 33432 | ☐ Change |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HAMM, CHARLES D JR.<br>6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GRISKO, JEROME P JR.<br>6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RUTIGLIANO, BARBARA A<br>6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BRADFORD, JOCELYN A<br>6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>REEVES, KEITH W<br>6480 ROCKSIDE WOODS BLVD., SUITE 330<br>CLEVELAND OH 44131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** X Walter F Adams III 1/31/00
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #