

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83781

1. Entity Name
S & R PROPERTIES, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90006 020 ***550.00

Principal Place of Business
2905 58TH AVENUE NORTH
ST. PETERSBURG FL 33714

Mailing Address
2905 58TH AVENUE NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business
4112 CYPRESS ST
Suite, Apt. #, etc.

3. Mailing Address
4112 CYPRESS ST
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number 59-2962108

Applied For
Not Applicable

Zip Country
33607 USA

Zip Country
33607 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

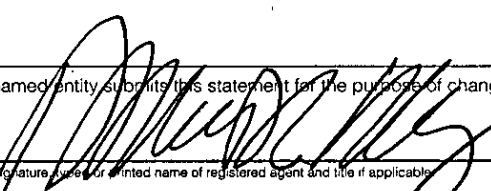
6. Name and Address of Current Registered Agent

WEDDING, ROBERT R AIA
4112 CYPRESS STREET
TAMPA FL 33607

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  ROBERT R. WEDDING 9/6/00
Signature of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEDDING, SALLY 2905 58TH AVE N ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDDING, SALLY 2905 58TH AVE N ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SANDRA L. FELTNER 4112 CYPRESS ST. TAMPA, FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D SALLY WEDDING 2905 58TH AVE N ST. PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SANDRA L. FELTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)