2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/28/2003-90098-016-$50.00-$50.00

FILED

03 MAY 21 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L02000005176

1. Entity Name

~~C3S LEASING, LLC~~ NEW NAME; STRATEGIC RESOURCES MANAGEMENT, LLC.

N/C filed 12/6/02

Principal Place of Business	Mailing Address
537 DOUGLAS AVE #1 DUNEDIN FL 34698	537 DOUGLAS AVE #1 DUNEDIN FL 34698

2. Principal Place of Business	3. Mailing Address
533 CHICAGO AVE	533 CHICAGO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNEDIN, FLORIDA	City & State: DUNEDIN, FLORIDA
Zip: 34698 Country: USA	Zip: 34698 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3629584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINS, TOM
537 DOUGLAS AVE
#1
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: BILL G. FOSTER

Street Address (P.O. Box Number is Not Acceptable): 533 CHICAGO AVE.

City: DUNEDIN FL Zip Code: 34698

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] April 21, 2003

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PRESIDENT BILL G. FOSTER 533 CHICAGO AVE DUNEDIN, FLORIDA 34698 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SECRETARY BILL G. FOSTER 533 CHICAGO AVE DUNEDIN, FLORIDA 34698 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] April 21, 2003 727-733-8700 EXT221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)