

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70649

1. Entity Name

S.R.G. ENTERPRISES INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90287 046 ***150.00

Principal Place of Business

P.O. BOX NO 758688
CORAL SPRINGS FL 33075

Mailing Address

P.O. BOX NO 758688
CORAL SPRINGS FL 33075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

990 CAPE MARCO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MERIDA - 707

City & State

City & State

MARCO ISLAND / FLA

Zip

Country

Zip

34145

Country

USA

4. FEI Number

65-0035520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RONALD GITTO

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

990 CAPE MARCO DRIVE

MERIDA - 707

City

MARCO ISLAND

FL

Zip Code

34145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/2001

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GITTO, RONALD
P.O. BOX 758688 N/A
CORAL SPRINGS FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
GITTO, CINDY
P.O. BOX 758688 N/A
CORAL SPRINGS FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2001

854-255-1824

CR2E034 (10/00)