

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90979 007 ***150.00

DOCUMENT # P00000039602

1. Entity Name

S.I.U. REVIEW, INC.

Principal Place of Business

Mailing Address

996 WESTWOOD SQUARE STE 3
OVIEDO FL 32765

996 WESTWOOD SQUARE STE 3
OVIEDO FL 32765

2. Principal Place of Business

2440 W. SR 426

3. Mailing Address

PO BOX 623128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FLORIDA

City & State

OVIEDO, FLORIDA

Zip

32765

Country

USA

Zip

32762-3128

Country

USA

4. FEI Number

59-3668837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHRADER, LESLIE
996 WESTWOOD SQUARE STE 3
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name: DEBRA PACHA
Street Address (P.O. Box Number is Not Acceptable)
2440 W. SR 426

City OVIEDO

FL

Zip Code 32765

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 DEBRA PACHA, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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

TITLE CEO
NAME SCHRADER, LESLIE
STREET ADDRESS 996 WESTWOOD SQUARE, SUITE 3
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE PD
NAME PACHA, DEBRA
STREET ADDRESS 996 WESTWOOD SQUARE, SUITE 3
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE D
NAME RATCLIFF, STEPHEN J
STREET ADDRESS 996 WESTWOOD SQUARE, SUITE 3
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PRESIDENT, DIRECTOR
NAME PACHA, DEBRA
STREET ADDRESS 2440 W. SR 426
CITY-ST-ZIP OVIEDO, FLORIDA 32765 ☒ Change ☐ Addition

TITLE VICE PRESIDENT, DIRECTOR
NAME RATCLIFF, STEPHEN J.
STREET ADDRESS 2440 W. SR 426
CITY-ST-ZIP OVIEDO, FLORIDA 32765 ☒ Change ☐ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN J. RATCLIFF (407) 359-0074

Date

Daytime Phone #

CR2E034 (10/00)