

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 040 ***150.00

DOCUMENT # P00000083386

1. Entity Name

SRS, INC.

DO NOT WRITE IN THIS SPACE

425861

2. Principal Place of Business

14034 DIVISION STREET

Suite, Apt. #, etc.

3. Mailing Address

14034 DIVISION STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GROVELAND, FL

City & State

GROVELAND, FL

4. FEI Number

59-3667927

App. on Form

Not Applicable

Zip

34736

Country

USA

Zip

34736

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LANGLEY, RICHARD H.

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

700 ALMOND STREET

City

CLERMONT

FL

Zip Code

34711

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D
SCHMID, RATUS
14034 DIVISION STREET
GROVELAND, FL 34736

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RUNZLER, ANDREAS
16133 HARBOR OAKS DR
MONTVERDE, FL 34756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-28-02 X 352 429 9832

Date

Daytime Phone

CR2E034B (12/01)