

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90083 022 \*\*\*150.00

DOCUMENT # P01000024914

1. Entity Name  
SRG REPRESENTATIVE SERVICES, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7627 TRAPANI LN  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boynton Beach, FL  
Zip  
33437

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4. FEI Number  
65-1087908  
Applied For  
☐ Not Applicable

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  
Filings, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
3732 N.W. 76 STREET  
City  
FT Lauderdale, FL Zip Code  
33311

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) 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  
PRESIDENT/Secretary  
NAME  
Sheila R. GERSHOWITZ  
STREET ADDRESS  
7627 TRAPANI LANE  
CITY- ST- ZIP  
Boynton Beach, FL 33437

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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: Sheila R. Gershowitz Sheila R. GERSHOWITZ 4/16/02 President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)