

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

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90912 048 ***150.00

DOCUMENT # **P01000099046**

1. Entity Name

STRATEGIC DATA RESOURCES, INC.

DO NOT WRITE IN THIS SPACE

831602

2. Principal Place of Business

5312 INVERNESS DR

Suite, Apt. #, etc.

3. Mailing Address

5312 INVERNESS DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

042738773

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

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

STEPHEN A. HAWLEY

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

5312 INVERNESS DR

City

SARASOTA

FL

Zip Code

34243

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.

(Not if Registered Agent signature required when renewing)

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-STATE-ZIP
**PRESIDENT
STEPHEN A. HAWLEY
5312 INVERNESS DR
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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)(c), 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: **Stephen A. Hawley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02
Date

941 351 8609
Daytime Phone #

CR2E034B (12/01)