

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90227 021 ***150.00

DOCUMENT # P01000108737

1. Entity Name
SRH PROPERTIES, INC.



Principal Place of Business
**3218 W. KENNEDY BLVD.
TAMPA FL 33600**

Mailing Address
**3218 W. KENNEDY BLVD.
TAMPA FL 33600**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3755615**

Applied For

Not Applicable

Zip **33609**

Country

Zip **33609**

Country

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

**HATTAB, JID
10518 HOMESTEAD DR
TAMPA FL 33618**

Name **HATTAB SID (SID)**
Street Address (P.O. Box Number is Not Acceptable)
10518 Homestead Drive
City **TAMPA** FL Zip Code **33618**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HATTAB, SID**
STREET ADDRESS **3218 W. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33600**

TITLE **HATTAB SID** ☒ Change ☐ Addition
NAME **10518 Homestead Drive**
STREET ADDRESS **TAMPA FL 33618**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HATTAB, RITA**
STREET ADDRESS **3218 W. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33600**

TITLE **HATTAB RITA** ☒ Change ☐ Addition
NAME **10518 Homestead Dr**
STREET ADDRESS **TAMPA FL 33618**
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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 (813) 874-2233

Date Daytime Phone #

CR2E034 (10/02)