

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90153 018 \*\*\*150.00

DOCUMENT # P02000115040

1. Entity Name  
SDMR INC.



Principal Place of Business  
115 SW 89TH WAY  
CORAL SPRINGS FL 33071

Mailing Address  
115 SW 89TH WAY  
CORAL SPRINGS FL 33071

2. Principal Place of Business

9037 SW LEATHER FERN WAY

3. Mailing Address

9037 SW LEATHER FERN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES



City & State  
PALM CITY FL

City & State  
PALM CITY FL

4. FEI Number

Applied For  
 Not Applicable

Zip  
34990-4136

Country  
MARTIN

Zip  
34990-4136

Country  
MARTIN

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

ROOS, SCOTT  
115 SW 89TH WAY  
CORAL SPRINGS FL 33071

Name  
ROOS, SCOTT

Street Address (P.O. Box Number is Not Acceptable)  
9037 SW LEATHER FERN WAY

City  
PALM CITY

FL

Zip Code  
34990-4136

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ROOS, SOCTT	115 SW 89TH WAY	CORAL SPRINGS FL 33071	<input type="checkbox"/>
SD	ROOS, DENISE	115 SW 89TH WAY	CORAL SPRINGS FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		9037 SW LEATHER FERN WAY	PALM CITY, FL 34990-4136	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		9037 SW LEATHER FERN WAY	PALM CITY, FL 34990-4136	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 772-286-5193  
Date Daytime Phone #

CR2E034 (10/02)