

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035540

1. Entity Name

SRS BUSINESS ENTERPRISES, INC.

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90002 010 \*\*\*158.75

Principal Place of Business

Mailing Address

501 EAST KENNEDY BLVD  
SUITE 1400  
TAMPA FL 33602  
US

501 EAST KENNEDY BLVD  
SUITE 1400  
TAMPA FL 33602-5246  
US

2. Principal Place of Business

3. Mailing Address

10122 LINDELAAN DR 10122 LINDELAAN DR  
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMPA FL

TAMPA FL

4. FEI Number

59-3243891

Applied For

Not Applicable

Zip

Country

33618

HILLSBOROUGH

Zip

Country

33618

HILLSBOROUGH

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

SMITH, DAVID L  
501 E KENNEDY BLVD  
SUITE 1400  
TAMPA FL 33602

Name

VINCENT SCALLON

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

10122 LINDELAAN DR

TAMPA FL

33618

City

FL

Zip Code

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

1/24/2000

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, DAVID L  
5123 W SAN JOSE  
TAMPA FL 33629

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCALLON, VINCENT  
10122 LINDELAAN DRIVE  
TAMPA FL 33618

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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

TITLE ☐ Change ☐ Addition

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TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 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

Date

Daytime Phone #

1/24/2000

(813) 932-8990

CR2E034 (9/99)