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2002 Uniform Business Report (UBR)

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P94000083574 1. Entity Name -15-2002 90013 008 ***150 00 SRM INVESTMENTS, INC. Principal Place of Business Mailing Address 4611 SW 44TH AVE. 4611 SW 44TH AVE. FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 US 2. Principal Place of Business 3. Mailing Address 1513 WINTER ROAD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0530976 LAKE PLACID Not Applicable \$8:75-Additional - -5. Certificate of Status Desired HISHLANDS 338572 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEXTON, RAYMOND J Street Address (P.O. Box Number is Not Acceptable) 4611 SW 44TH AVE. FT. LAUDERDALE FL 33314 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SEXTON, RAYMOND NAME STREET ADDRESS 4611 SW 44TH AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33314 CITY-ST-ZIP Change Addition VP Delete TITLE TITLE NAME NAME SEXTON, STEVEN STREET ADDRESS STREET ADDRESS 4673 S. W. 24 ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33317 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that it am an efficiency 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:

Attachment #194000083574 765343

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