

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003524

1. Entity Name

SRMI INC

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FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90152 029 ***150.00

Principal Place of Business

221 E. MITCHELL
SANTA ROSA BEACH FL 32459

Mailing Address

221 E. MITCHELL
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3287125

Applied For

Not Applicable

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

REYNOLDS, SUDAN
221 E. MITCHELL
SANTA ROSA BEACH FL 32459

Name

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

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REYNOLDS, S
221 E MITCHELL AVE
SANTA ROSA BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
REYNOLDS, D
221 E MITCHELL AVE
SANTA ROSA BEACH FL ☐ Delete

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

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

07/18/00 850
231-2739
Date Daytime Phone #

Attachment
D#P950003524
DW73344

Florida Department of State
Division of Corporations

To who it may concern:

We recently received the notices to renew for our corporations.
I was shocked to see that the fees had increased so dramatically.... only then did I notice that it also stated that this was a second notice.

Clearly, we never received our first notice....or it would have already been paid... when we did receive this notice we also received someone else's notice that was stuck in our box with ours.....

The POSTAL SERVICE is very sloppy in this area.

If you will check your records you will see that we always have paid promptly upon receiving the notice to renew. Today I spoke with Patty in the office in Tallahassee and she suggested I write this cover letter and send a check for \$150 for each corporation. I would greatly appreciate your consideration of this matter under the circumstances.

Thankyou.

Sincerely,

Sundi Reynolds

Baywoods Vacation Homes, Inc
SRMI Inc

P.S. we put the mis-delivered form back in the mail.