

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003524

1. Entity Name  
SRMI INC

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

180 E. MITCHELL AVE

Suite, Apt. #, etc.

3. Mailing Address

180 E. MITCHELL AVE

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

DAVID REYNOLDS

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

180 E. MITCHELL AVE

City

SANTAROSA BEACH

FL

Zip Code

32459

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.

DAVID REYNOLDS, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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 \$150.00**  
**After MAY 1, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, S	
STREET ADDRESS	221 E MITCHELL AVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, D	
STREET ADDRESS	221 E MITCHELL AVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID REYNOLDS	
STREET ADDRESS	180 E. MITCHELL AVE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	SEC / TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT WENSER	
STREET ADDRESS	320 JUNIPER ST	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DAVID REYNOLDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

(850) 231-2735

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90394 021 \*\*\*150.00