**FILED** 

## . 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2001 8:00 am DOCUMENT # P9600002136 **Secretary of State** S & R CONSTRUCTION, INC. 01-31-2001 90279 035 \*\*\*150.00 Principal Place of Business Mailing Address 3125 63RD AVE. P.O. BOX 20958 **BRADENTON FL 34203 BRADENTON FL 34204-0958** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0639292 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMALLEY, MICHAEL K Street Address (P.O. Box Number is Not Acceptable) 2608 61ST STREET EAST **BRADENTON FL 34208** Zip Code FL 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) 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, 2001 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMALLEY, MICHAEL NAME NAME 2608 61ST EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change ROEHR, DAVID J. NAME NAME 9022 SABAL PALM CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete 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 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

Michael K. Smalley - President 1-15-01