

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90121 018 ***150.00

DOCUMENT # P96000013678

1. Entity Name

SRL ASSOCIATES, INC.

Principal Place of Business

1414 EVERGLADES BOULEVARD
 SOUTH NAPLES FL 34117
 US

Mailing Address

1414 EVERGLADES BOULEVARD
 SOUTH NAPLES FL 34117
 US

87501



2. Principal Place of Business

5251 Golden Gate Pkwy

3. Mailing Address

5251 Golden Gate Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

Suite 106

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34106

USA

34106

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0643187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEON, SARA

1414 EVERGLADES BLVD. S.
 NAPLES FL 34117

7. Name and Address of New Registered Agent

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

Sara Leon

Sara Leon, President

4/15/02

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 \$150.00
After May 1, 2002 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 PTD ☐ Delete
 NAME LEON, SARA
 STREET ADDRESS 1414 EVERGLADES BOULEVARD
 CITY-ST-ZIP SOUTH NAPLES FL 34117

TITLE TS ☒ Delete
 NAME LEON, RUBEN
 STREET ADDRESS 1414 EVERGLADES BOULEVARD
 CITY-ST-ZIP SOUTH NAPLES FL 34117

TITLE VP ☐ Delete
 NAME RUBEN, LEON JR.
 STREET ADDRESS 2834 14TH AVE S.E.
 CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/2002