

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 017 ***150.00

DOCUMENT # P97000057565

1. Entity Name

S R W FIREWORKS, INC.

Principal Place of Business

Mailing Address

**2323 TRAVIS RD
 BREWTON AL 36426**

**2323 TRAVIS RD
 BREWTON AL 36426**

2. Principal Place of Business

8721 ROBINWOOD CR

Suite, Apt. #, etc.

3. Mailing Address

8721 ROBINWOOD CR

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON FL

Zip

32583

Country

Zip

32583

Country

4. FEI Number

59-3492604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PITTMAN, MARVIN
 3650 BOB TOLBERT RD
 NAVARRE FL 32566**

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

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, 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	VST	<input checked="" type="checkbox"/> Delete
NAME	BARNHILL, DEBRA	
STREET ADDRESS	2323 TRAVIS RD	
CITY-ST-ZIP	BREWTON AL 36426	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVER, MICHAEL	
STREET ADDRESS	8721 ROBINWOOD CIRCLE	
CITY-ST-ZIP	MILTON FL 32583	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, MICHAEL	
STREET ADDRESS	8721 ROBINWOOD CR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, CHASITY	
STREET ADDRESS	8721 ROBINWOOD CR	
CITY-ST-ZIP	MILTON FL 32583	
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:

Michael Oliver
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (850) 983-7733

Date

Daytime Phone #

CR2E034 (10/00)