

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90096 040 ***150.00

DOCUMENT # P97000057565

1. Entity Name
S R W FIREWORKS, INC.



Principal Place of Business
8721 ROBINWOOD CR.
MILTON FL 32583

Mailing Address
8721 ROBINWOOD CR.
MILTON FL 32583



2. Principal Place of Business

3. Mailing Address

8718 Robinwood Circle
Suite, Apt. #, etc.

8718 Robinwood Circle
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Milton Florida

City & State
Milton Florida

4. FEI Number 59-3492604

Applied For
Not Applicable

Zip Country
32583 Santa Rosa

Zip Country
32583 Santa Rosa

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

PITTMAN, MARVIN
3650 BOB TOLBERT RD
NAVARRE FL 32566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME OLIVER, MICHAEL
STREET ADDRESS 8721 ROBINWOOD CIRCLE
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE PT
NAME Oliver, Michael
STREET ADDRESS 8718 Robinwood Circle
CITY-ST-ZIP Milton, FL 32583 ☒ Change ☐ Addition Address

TITLE S
NAME OLIVER, CHASTITY
STREET ADDRESS 8721 ROBINWOOD CR.
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE S
NAME Oliver, Chasity
STREET ADDRESS 8718 Robinwood Circle
CITY-ST-ZIP Milton FL 32583 ☒ Change ☐ Addition Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Michael Oliver

1-5-03

850-983-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)