

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073336

1. Entity Name

SRS TRADING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90198 049 ***150.00

Principal Place of Business

3700 ISLAND BLVD. STE 405
WILLIAMS ISLAND FL 33160

Mailing Address

3700 ISLAND BLVD. STE 405
WILLIAMS ISLAND FL 33160-4932

2. Principal Place of Business

2600 ISLAND BLVD

3. Mailing Address

2600 ISLAND BLVD

Suite/Apt. #, etc.

2403

Suite/Apt. #, etc.

2403

City & State

WILLIAMS ISLAND, FL

City & State

WILLIAMS ISLAND, FL

Zip

33160

Country

U.S.A

Zip

33160

Country

U.S.A

4. FEI Number

65-0781689

Applied For

Not Applicable

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

CURTIS, SCOTT

3700 ISLAND BLVD, STE 405
WILLIAMS ISLAND FL 33160

Name

SCOTT CURTIS

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

2600 ISLAND BLVD STE 2403

City

WILLIAMS ISLAND FL

Zip Code

33160

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CURTIS, SCOTT
STREET ADDRESS 3700 ISLAND BLVD, STE 405
CITY-ST-ZIP WILLIAMS ISLAND FL 33160 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2600 ISLAND BLVD STE 2403
CITY-ST-ZIP WILLIAMS ISLAND, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)