

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078181

1. Entity Name

SURRATT, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90046 037 ***158.75

Principal Place of Business

Mailing Address

5011 NW 34TH ST
GAINESVILLE FL 32605

5011 NW 34TH ST
GAINESVILLE FL 32605-1150

2. Principal Place of Business

407 N.W. 13th street

3. Mailing Address

407 N.W. 13th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

4. FEI Number

59-3466632

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

SURRATT, BRIAN
5320 SW 82 TERR
GAINESVILLE FL 92608

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, 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 ☐ Delete
NAME D
STREET ADDRESS SURRATT, THERESA J
CITY-ST-ZIP 5320 SW 82ND TERR
GAINESVILLE FL 32608

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SURRATT, BRIAN R
CITY-ST-ZIP 5320 SW 82ND TERR
GAINESVILLE FL 32608

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Brian Surra Brian Surra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

(352)377-5828

Daytime Phone #

CR2E034 (9/99)