

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080311

1. Entity Name

STRATEGIC RESOURCE GROUP, INC.

FILED

Mar 19, 2001 8:00 am  
Secretary of State

03-19-2001 90450 016 \*\*\*158.75

Principal Place of Business

Mailing Address

~~11080 SW 11 PLACE~~  
~~FT LAUDERDALE FL 33324~~

~~11080 SW 11 PLACE~~  
~~FT LAUDERDALE FL 33324~~

2. Principal Place of Business

3. Mailing Address

1146 Hidden Valley Way  
Suite, Apt. #, etc.

1146 Hidden Valley Way  
Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0789974

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

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

BARNES, WILLIAM D

~~11080 SW 11 PLACE~~

~~FT LAUDERDALE FL 33324~~

Name

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

1146 Hidden Valley Way

City Weston

FL

Zip Code

33327

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

3/14/1

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME BARNES, WILLIAM D  
STREET ADDRESS ~~11080 SW 11 PLACE~~  
CITY-ST-ZIP ~~FT LAUDERDALE FL 33324~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS 1146 Hidden Valley Way  
CITY-ST-ZIP Weston, FL 33327

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

3/14/1

Date

954-349-2996

Daytime Phone #

CR2E034 (10/00)