FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2001 8:00 am DOCUMENT # P97000102416 **Secretary of State** 06-02-2001 90004 006 ***550.00 SR DEVELOPMENT, INC. Principal Place of Business Mailing Address 3090 EAGLES LANDING CIRCLE WEST 3090 EAGLES LANDING CIFCLE WEST 660845 CLEARWATER FL 33761 CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3481093 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTH, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 3090 EAGLES LANDING CIRCLE WEST CLEARWATER FL 33761 City 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. (NOT Registered Agent signature required when reinstating) DATE FILE NOW, 1 FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ROTH, STEPHEN L NAME NAME 3090 EAGLES LANDING CIRCLE WEST STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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:

NAME OF SIGNING OFFICER OR DIRECTOR