

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90718 043 ***150.00

DOCUMENT # P97000102416



1. Entity Name
SR DEVELOPMENT, INC.

Principal Place of Business
3090 EAGLES LANDING CIRCLE WEST
CLEARWATER FL 33761

Mailing Address
3090 EAGLES LANDING CIRCLE WEST
CLEARWATER FL 33761



2. Principal Place of Business
230 Main Street

3. Mailing Address
230 Main Street

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
Safety Harbor, FL

City & State
Safety Harbor, FL

Zip
34695

Country

Zip
34695

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3481093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, STEPHEN L
3090 EAGLES LANDING CIRCLE WEST
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name
Roth, Stephen L.

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

Suite B

City
Safety Harbor

FL

Zip Code
34695

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

STEPHEN L. ROTH

(NOTE: Registered Agent signature required when reinstating)

4/03/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTH, STEPHEN L 3090 EAGLES LANDING CIRCLE WEST CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roth, Stephen L. 230 Main St., Suite B Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: STEPHEN L. ROTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/03

727/725-8700
Daytime Phone #

CR2E034 (10/02)