2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000108287** 1. Entity Name SRS ENTERPRISES OF CENTRAL FLORIDA, INC. 9-15-2000 90018 043 ***550.00 Principal Place of Business Mailing Address 7011 GRAND NATIONAL DRIVE 7011 GRAND NATIONAL DRIVE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 7083 GRAND **7**083 GRAND DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For *55-35*57618 Not Applicable MANGE \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāmē BERGHOLTZ, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 22939 WOLF BRANCH ROAD SORRENTO FL 32776 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition NAME RICHARDSON, TAMMY S NAME STREET ADDRESS STREET ADDRESS 26100 SERENITY LANE CITY-ST-ZIP City-St-ZIP HOWEY-IN-THE-HILLS FL Delete 🔀 Change ☐ Addition TITLE 4101 PECAN LANE DE, Suite 104 REINEKE, DENNIS W NAME STREET ADDRESS STREET ADDRESS 7911 GRAND NATIONAL DRIVE ORLANDO FL 328/2 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 SERINE, LANCE A., DE Change 7083 GRAND NATIONALDE, SuitE 104 TITLE TITI F Delete NAME -reineke, lance a STREET ADDRESS STREET ADDRESS 7011 GRAND NATIONAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Delete TIFLE TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE T/T) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP