2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P99000038923 SRQ PROPERTY MANAGEMENT, INC. 03-01-2001 90558 001 ***300.00 Principal Place of Business Mailing Address 6033 34TH ST WEST 6033 34TH ST WEST BRADENTON FL 34210 **BRADENTON FL 34210** 2. Principal Place of Business Street West DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0915840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, THOMAS W Street Address (P.O. Box Number is Not Acceptable) CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 '6 MANGROVE POINT RD. TALLAHASSEE FL 32301-1283 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. THOMAS WO GOOK SRQ PROPERTY SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE COOK, THOMAS W NAME NAME 4416 MANGROVE POINT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE COOK, GAIL S NAME NAME STREET ADDRESS 4416 MANGROVE POINT RD STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE SIPE, WAYNE PATRICK NAME NAME STREET ADDRESS 4009 11TH ST CT W #14 STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 appears with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

941-753-6219

Daytime Phone #