## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000041609 Apr 06, 2000 8:00 am Secretary of State SRQ PROPERTY INVESTMENTS, INC. 04-06-2000 90086 001 \*\*\*317.50 Principal Place of Business Mailing Address 4235 GULF OF MEXICO DRIVE 4235 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228-2501 19000 3. Mailing Address 2. Principal Place of Business 6033 34 TH ST, WEST 6033 34Th ST. West Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For BRADENTON FL BRADENTON FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired N 4210 OSA USA 34210 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. JULEUR RECEDENT STATE Change TITLE **Sil** Delete COOK, THOMAS W LOOK, GALLS NAME 4416 mangrove Point Road 1416 MANGROVE POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Delete 🔀 Change TITLE NAME Cook, Thomas NAME 4416 MANGROUG POINT ROAD STREET ADDRESS STREET ADDRESS Bradenton FL 34210 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change X Addition TITLE TITLE wayre Patrick Sipe NAME NAME 4009 11Th ST. Ct. W सप STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Palmetto, FL 34221 \_\_\_\_ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered. 9417536219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO