

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000049970 ✓**

1. Entity Name

S + R REAL INVESTMENTS, INC.**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90006 021 ***150.00

2. Principal Place of Business

3. Mailing Address

**437 MIDWAY ISLAND
CLEARWATER, FL 33767****SAME****659130**

2. Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Same Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEEL Number

59-3577509

App. to FL

Not Applicable

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

6. Name and Address of Current Registered Agent

**SIBYLLE CLARK
437 MIDWAY ISLAND
CLEARWATER, FL 33767**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See instructions on back) ☐**FILE NOW!!! FEE IS \$160.00
After MAY 1, 2001 Fee will be \$580.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	SIBYLLE CLARK - VP	☐ Delete
STREET ADDRESS	437 MIDWAY ISLAND	
CITY-STATE-ZIP	CLEARWATER, FL 33767	
NAME	ROY J. PERRY - VP	☐ Delete
STREET ADDRESS	437 MIDWAY ISLAND	
CITY-STATE-ZIP	CLEARWATER, FL 33767	
NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes, if any, and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. I am authorized and empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 11 of this report, or on an attached form with an address, with all other like or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01