

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90732 031 \*\*\*150.00

**DOCUMENT # P99000055732**

1. Entity Name  
**SRS MARKETING INC.**



Principal Place of Business  
**235 COMMERCIAL BLVD  
201  
FT LAUDERDALE FL 33308**

Mailing Address  
**235 COMMERCIAL BLVD  
201  
FT LAUDERDALE FL 33308**



2. Principal Place of Business

**615 Bulrushes Ct.**

3. Mailing Address

**615 Bulrushes Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number **65-0933333**

Applied For  
☐ Not Applicable

Zip  
**32828**

Country  
**USA**

Zip  
**32828**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**KATZ, ALLEN H  
2800 EAST COMMERCIAL BLVD STE 208  
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Spence, Samuel R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**615 Bulrushes Ct**  
City **Orlando** FL Zip Code **32828**

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 **Samuel R. Spence**

(NOTE: Registered Agent signature required when reinstating)

**3/28/03**

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	<b>PT SPENCE, SAMUEL R 235 COMMERCIAL BLVD #201 LAUDERDALE-BY-THE-SEA FL 33308</b>	<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	<b>615 Bulrushes Ct. Orlando, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE **Samuel R. Spence**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/03 407-384-0689**

Date

Daytime Phone #

CR2E034 (10/02)