

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90260 021 ***150.00

0423504

DOCUMENT # P99000056504

1. Entity Name

SRA VENTURES, INC.

Principal Place of Business

1048 HAGEN DRIVE
NEW PORT RICHEY FL 34655

Mailing Address

1048 HAGEN DRIVE
NEW PORT RICHEY FL 34655

946880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 S Lincoln Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 15

Clearwater FL

City & State

4. FEI Number 59-3583279

Applied For
Not Applicable

Zip
33756

Country
Pinellas

Zip

Country

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

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
1505 NORTH FLORIDA AVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
DeFelice, Maryann
Street Address (P.O. Box Number is Not Acceptable)
501 S. Lincoln Ave
City
Clearwater FL Zip Code
33756

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 Maryann DeFelice
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE D ☒ Delete
NAME SCHLAU, ETHAN
STREET ADDRESS 1048 HAGEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 33606

TITLE D ☒ Delete
NAME RAMAEU, WILHELM
STREET ADDRESS 21959 US HIGHWAY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 33765

TITLE D ☐ Delete
NAME ABOUD, ANTHONY
STREET ADDRESS 7901 HENRY AVENUE D204
CITY-ST-ZIP PHILADELPHIA PA 19128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME Anthony Abood
STREET ADDRESS 2131 Willow Lauren Lane
CITY-ST-ZIP Windermere, FL 34786

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

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

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

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
Date

Daytime Phone #

CR2E034 (10/00)