

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063803

1. Entity Name

S R A ENTERPRISES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90064 017 ***150.00

Principal Place of Business

107 N ALEXANDER ST
 PLANT CITY FL 33567

Mailing Address

107 N ALEXANDER ST
 PLANT CITY FL 33566-4831

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4806 LONESOME DOVE COURT

PLANT CITY, FL

33565

4. FEI Number

65-0949219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CICCARELLO, SHERRI D
 107 N ALEXANDER ST
 PLANT CITY FL 33567

NOTE ADDRESS
 CHANGE

7. Name and Address of New Registered Agent

Name

SHERRI D. CICCARELLO

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

4806 LONESOME DOVE COURT

City

PLANT CITY

FL

Zip Code

33565

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

Sherr D. Ciccarello, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PRESIDENT/DIRECTOR <input type="checkbox"/> Delete
NAME	SHERRI D. CICCARELLO
STREET ADDRESS	4806 LONESOME DOVE COURT
CITY-STATE-ZIP	PLANT CITY, FL. 33565
TITLE	NICHOLAS A. CICCARELLO <input type="checkbox"/> Delete
NAME	NICHOLAS A. CICCARELLO
STREET ADDRESS	4806 LONESOME DOVE COURT
CITY-STATE-ZIP	PLANT CITY, FL. 33565
TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRI D. CICCARELLO
STREET ADDRESS	4806 LONESOME DOVE COURT
CITY-STATE-ZIP	PLANT CITY, FL. 33565
TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS A. CICCARELLO
STREET ADDRESS	4806 LONESOME DOVE COURT
CITY-STATE-ZIP	PLANT CITY, FL. 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sherr D. Ciccarello, President 4-25-00 813-754-7007