

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90087 028 ***150.00

671323



DO NOT WRITE IN THIS SPACE

DOCUMENT # S08628			
1. Entity Name SRS-22 CORPORATION			
Principal Place of Business 3000 NATIONSBANK PLAZA 400 N ASHLEY DR TAMPA FL 33602 US		Mailing Address 3000 NATIONSBANK PLAZA 400 N ASHLEY DR TAMPA FL 33602 US	
2. Principal Place of Business 400 North Ashley Plaza, Suite, Apt. #, etc. Suite 3000		3. Mailing Address 400 North Ashley Plaza Suite 3000	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33602-4331	Country USA	Zip 33602-4331	Country USA
6. Name and Address of Current Registered Agent SOLOMON, STANFORD R. 3000 NATIONSBANK PLAZA 400 N ASHLEY DR TAMPA FL 33602		4. FEI Number 59-3038159 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Stanford R. Solomon Street Address (P.O. Box Number is Not Acceptable) 400 North Ashley Plaza Suite 3000 City Tampa FL Zip Code 33602-4331			
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 <u><i>Stanford R. Solomon</i></u> DATE <u>1/5/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, STANFORD R. 3000 NATIONSBANK PL 400 N ASHLEY DR TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOLOMON, STANFORD R. 3000 NATIONSBANK PL 400 N ASHLEY DR TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Stanford R. Solomon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/5/01</u> Daytime Phone # <u>813/225-1818</u>	

CR2E034 (10/00)