

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 014 ***150.00

0560103 AV

DOCUMENT # S63761

1. Entity Name

NATIONAL ARCHIVES SRQ. INC.



Principal Place of Business

**1470 NORTHGATE BLVD
SARASOTA FL 34234
US**

Mailing Address

**2033 MAIN STREET
STE 104
SARASOTA FL 34237**

2. Principal Place of Business

7455 16th Street E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

Sarasota, FL

City & State

Zip

34237

Country

USA

Zip

Country

4. FEI Number

65-0265412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PARKER, THEODORE
2033 MAIN ST., STE 106
SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name **George Dramis**

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

535 S. Palm Avenue

City

Sarasota,

FL

Zip Code

34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

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 **P** ☐ Delete
NAME **CONNELLY, ROD**
STREET ADDRESS **2033 MAIN ST., STE 104**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ Delete
NAME **KNOX, ROBERT C., III**
STREET ADDRESS **4637 HIDDEN FOREST DR**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

941-953-7700

Date

Daytime Phone #

CR2E034 (10/02)