

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90142 006 ***150.00

DOCUMENT # P01000005480	
1. Entity Name STRASSER PROPERTIES OF ORLANDO, INC.	

Principal Place of Business 1030 N US HIGHWAY 1 ORMOND BEACH FL 32174 US	Mailing Address 1030 N US HIGHWAY 1 ORMOND BEACH FL 32174 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3691027		☐ Applied For
		☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRASSER PROPERTIES OF ORLANDO 1030 N US HIGHWAY 1 ORMOND BEACH FL 32174		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

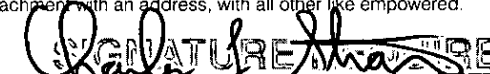
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME STRASSER, CHARLES L	☐ Delete	
STREET ADDRESS 1030 N US HIGHWAY 1			
CITY-ST-ZIP ORMOND BEACH FL 32174			
TITLE VD	NAME STRASSER, SCOTT	☐ Delete	
STREET ADDRESS 1030 N US HIGHWAY 1			
CITY-ST-ZIP ORMOND BEACH FL 32174			
TITLE STD	NAME STRASSER, CHARLES H	☐ Delete	
STREET ADDRESS 1030 N US HIGHWAY 1			
CITY-ST-ZIP ORMOND BEACH FL 32174			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
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:  **1-23-03 386-673-7007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)