

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90151 019 ***150.00

DOCUMENT # P01000058563

1. Entity Name
STRATEGIC BUSINESS SYSTEMS, INC.

Principal Place of Business Mailing Address
11820 WINDING WOODS WAY 11820 WINDING WOODS WAY
BRADENTON FL 34202 BRADENTON FL 34202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1115069		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
DOUGLAS, ROBERT 11820 WINDING WOODS WAY BRADENTON FL 34202				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 DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, ROBERT		NAME		
STREET ADDRESS	11820 WINDING WOODS WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCEY, PAT		NAME		
STREET ADDRESS	11820 WINDING WOODS WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, KIMBERLY A		NAME		
STREET ADDRESS	11820 WINDING WOODS WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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**

Date: **9-13-02** Daytime Phone #: **941.739.3764**

CR2E034 (4/02)



Attachment
125782

11820 Winding Woods Way
Bradenton, FL 34202
Phone: (941) 739-3764
Fax: (941) 751-1164
Email: sbsinc@tampabay.rr.com

Please accept this form as not being late. I had filed the form for P01000058563 on the Internet on 4/29/02. I had believed at that time that it had gone through after my third attempt to get it applied. When I checked after receiving the late notice the filling was hung in queue. A member of your staff helped clear the form and indicated I should mail this form out.

Thank you,

Robert C Douglas.

Signed: _____

Date: _____

9-13-02