

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90126 039 \*\*\*150.00

**DOCUMENT # F94000004845**

1. Entity Name

**STRATEGIC DECISIONS, INCORPORATED**

Principal Place of Business

Mailing Address

17109 NEWPORT CLUB DR

17109 NEWPORT CLUB DR

BOCA RATON FL 33496

BOCA RATON FL 33433-4050

US

00017512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6584 VILLA SONRISA DRIVE**

3. Mailing Address

**6584 VILLA SONRISA DRIVE**

Suite, Apt. #, etc.

**# 1122**

Suite, Apt. #, etc.

**# 1122**

City & State

**BOCA RATON FL 33433**

City & State

**BOCA RATON FL**

Zip

**33433**

Country

**USA**

Zip

**33433**

Country

**USA**

4. FEI Number

**13-3175313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARKIN, MURRAY**

**17109 NEWPORT CLUB DR**

**BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARKIN, MURRAY</b> <b>17109 NEWPORT CLUB DR</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6584 VILLA SONRISA DRIVE # 1122</b> <b>BOCA RATON FL 33433</b>	<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
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CR2E034 (9/99)

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** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-00**

Date

**561 447-8771**

Daytime Phone #