

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90001 050 ***150.00

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DOCUMENT # P99000051425

1. Entity Name

STRATEGIC DEVELOPMENT CONSULTANTS, INC.

Principal Place of Business

**1250 SOUTH TROPICAL TR
MERRITT ISLAND FL 32952**

Mailing Address

**1250 SOUTH TROPICAL TR
MERRITT ISLAND FL 32952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 S. Tropical Trail
Suite, Apt. #, etc.

3. Mailing Address

1250 S Tropical Tr
Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

Merritt Island FL

4. FEI Number

59-3577889

Applied For

Not Applicable

Zip

32952

Country

Brevard US

Zip

32952

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWANTZ, REGINA M
1250 SOUTH TROPICAL TR
MERRITT ISLAND FL 32952**

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]
Signature, typed or printed name of registered agent and title if applicable

Regina M. Schwantz

(NOTE: Registered Agent signature required when reinstating)

11/2/02
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, 2002 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

TITLE **D** ☐ Delete
NAME **CAUSEY, REGINA M**
STREET ADDRESS **1250 SOUTH TROPICAL TR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President / Owner** ☒ Change ☐ Addition
NAME **Regina m. Schwantz**
STREET ADDRESS **1250 S. Tropical Trail**
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/02

Date

3214534063

Daytime Phone #

CR2E034 (9/01)