

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 043 ***150.00

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

DOCUMENT # 122695
 1. Entity Name
THEODORE STRAWN, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5707 North US 17

3. Mailing Address
5707 North US 17

Suite, Apt. #, etc.
P. O. Box 100

Suite, Apt. #, etc.
P. O. Box 100

DO NOT WRITE IN THIS SPACE

City & State
DeLeon Springs, FL 32130

City & State
DeLeon Springs, FL 32130

4. FEI Number
59-0467270

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOHN R. STRAWN

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

City
DeLeon Springs FL Zip Code **32130**

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 *John R. Strawn*

DATE **4-23-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
STRAWN, DAVID
1000 S. Orlando Ave., Unit A-7
Maitland, FL 32751

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
STRAWN, JOHN R.
324 West Retta
DeLeon Springs, FL 32130

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Strawn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-23-02**
 DATE DAYTIME PHONE #

CR2E034B (12/01)