

**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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME STRAWN, DAVID  
STREET ADDRESS 1000 S. Orlando Ave., Unit A-7  
CITY-ST-ZIP Maitland, FL 32751

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

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**DO NOT WRITE  
IN THIS SPACE**

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

Daytime Phone #

4-23-02

CR2E034B (12/01)