

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 345742

1. Entity Name

STRASSER CONSTRUCTION COMPANY

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90134 006 ***150.00

001040



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1200 JOHN ANDERSON DR
ORMOND BEACH FL 32176-3720

Mailing Address

1200 JOHN ANDERSON DR
ORMOND BEACH FL 32176-3720

2. Principal Place of Business

1030 N. US Hwy 1

3. Mailing Address

1030 N. US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32174

Country

Zip

32174

Country

4. FEI Number

59-1268311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRASSER, CHARLES H
1200 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32074

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

Charles H Strasser

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00

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

TITLE PD
NAME STRASSER, CHARLES H
STREET ADDRESS 1200 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE D
NAME STRASSER, HELEN R
STREET ADDRESS 1200 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE V
NAME STRASSER, CHARLES L.
STREET ADDRESS 1316 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE T
NAME STRASSER, SCOTT B.
STREET ADDRESS 434 BEACH STREET
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE D
NAME STRASSER CONNIE
STREET ADDRESS 1206 RIVERBREEZE BLVD
CITY-ST-ZIP ORMOND BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Charles H Strasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

Daytime Phone #

CR2E034 (9/99)