2000 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2000 8:00 am Secretary of State DOCUMENT # 353034 1. Entity Name STRASSER INCORPORATED 02-04-2000 90046 035 ***150.00 Mailing Address Principal Place of Business 1301-8TH AVENUE, W. 1301-8TH AVENUE, W. **BRADENTON FL 34205-7408** BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1273545 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRASSER, LARRY J Street Address (P.O. Box Number is Not Acceptable) 1301-8TH AVENUE, W. BRADENTON, FL 34205 City Zip Code ۴L 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 PD ☐ Addition Change TITLE ☐ Delete TITLE STRASSER, LARRY J NAME NAME STREET ADDRESS STREET ADDRESS 1301-8TH AVE W CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL** Change ☐ Addition TITLE STD ☐ Delete TITLE WALLACE, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 1814-14TH ST. W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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 apprecia, with all other like empowered.

FILED

SIGNATURE: JOHN JOHN AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daysume Phone *