2001 UNIFORM BUSINESS REPORT (UBR)

7 any

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 353034** 1. Entity Name STRASSER INCORPORATED 01-29-2001 90190 047 ***150.00 Principal Place of Business Mailing Address 1301-8TH AVENUE, W. 1301-8TH AVENUE, W. **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-1273545 City & State Not Applicable \$8.75 Additional Zip` Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRASSER, LARRY J Street Address (P.O. Box Number is Not Acceptable) 1301-8TH AVENUE, W. **BRADENTON FL 34205** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE STRASSER.LARRY J NAME NAME STREET ADDRESS STREET ADDRESS 1301-8TH AVE W CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Addition Change TITLE ☐ Delete TITLE WALLACE, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 1814-14TH ST. W. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does 10 qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementarize 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 optiquee 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.

x 1-18-01