

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90133 046 ***150.00

DOCUMENT # 418739

1. Entity Name

J.P. STRODE & ASSOCIATES, INC.

Principal Place of Business

**1 BARRACUDA LANE-OCEAN REEF
 KEY LARGO FL 33037**

Mailing Address

**1 BARRACUDA LANE-OCEAN REEF
 KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1447435**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACK, JAN
 HELMAN, YOUNG, & BLACK
 1500 SAN REMO AVE STE 245
 CORAL GABLES FL 33145**

Name **WILLIAM C. MERRITT**

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

111 SOUTHWEST 4RD ST, 3rd FLOOR

City

MIAMI

FL

Zip Code

33130-1989

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 **WILLIAM C. MERRITT,**

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

(NOTE: Registered Agent signature required when reinstating)

1/25/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRODE, JAMES P JR	
STREET ADDRESS	1 BARRACUDA LN, OCEANREEF	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRODE, INGE	
STREET ADDRESS	1 BARRACUDA LN, OCEANREEF	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRODE, INGE	
STREET ADDRESS	1 BARRACUDA LN, OCEANREEF	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNES, KENNETH E	
STREET ADDRESS	1 BARRACUDA LN, OCEAN REE	
CITY-ST-ZIP	KEY LARGO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2001

Date

305 367-2395

Daytime Phone #

CR2E034 (10/00)