

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426903

1. Entity Name

STRIC-LAND SALES AND SERVICE INC

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90018 044 \*\*\*550.00

Principal Place of Business

Mailing Address

5935 60 TH AVE  
VERO BEACH FL 32967  
US

5835 60TH FL  
VERO BEACH FL 32967-6060  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1462453**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRICKLAND, LLOYD C  
5835 60TH AVE.  
VERO BEACH FL 32967

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME STRICKLAND, LLOYD C  
STREET ADDRESS 5924 CANTENBURY DRIVE  
CITY-ST-ZIP LAKE WALES FL

TITLE S ☐ Delete

NAME STRICKLAND, JEAN  
STREET ADDRESS 5924 CANTENBURY DRIVE  
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ Delete

NAME ☐ Delete

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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:

*Signature of Lloyd C. Strickland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Sec. 4/25/00*

Daytime Phone #

CR2E034 (9/99)