

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90039 010 \*\*\*150.00

**DOCUMENT # 669227**

1. Entity Name

**THE STRANG CORPORATION**

Principal Place of Business

~~175 FIFTH ST., SW, STE. 101~~ **203 AVE. A, NW**  
**WINTER HAVEN FL 33880**  
**US**

Mailing Address

**P.O. BOX 194**  
**WINTER HAVEN FL 33882**  
**US**

2. Principal Place of Business

**203 AVE. A, NW**  
 Suite, Apt. #, etc.  
**STE 300**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**WINTER HAVEN, FL**

City & State

Zip  
**33883**

Country

Zip

Country

4. FEI Number

**59-1994764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STRANG, CARL J.**  
**1050 LAKE OTIS DRIVE**  
**WINTER HAVEN FL 33880**

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

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, 2002 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 ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **STRANG, CARL J**  
 CITY-ST-ZIP **1050 W LAKE OTIS DRIVE**  
**WINTER HAVEN, FL 00000**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **STRANG, CARL J., III**  
 CITY-ST-ZIP **175 FIFTH ST., SW, STE. 101**  
**WINTER HAVEN FL 33880**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **203 AVE. A, NW, STE 300**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33883**

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

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

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)