

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90096 019 \*\*\*150.00

DOCUMENT # **694792**

1. Entity Name

Strickland's, Inc.

**DO NOT WRITE IN THIS SPACE**

**B0051432**

2. Principal Place of Business

Bristol, FL

Suite, Apt. #, etc.

N. Highway 20

City & State

Bristol, FL

Zip

32321

Country

U.S.A.

3. Mailing Address

N. Highway 20

Suite, Apt. #, etc.

P.O. Box 98

City & State

Bristol, FL

Zip

32321

Country

U.S.A.

4. FEI Number

59-2173205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

~~Belinda T. France~~

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

703 E. Tennessee St.

City

Tallahassee

FL

Zip Code

32308

**DO NOT WRITE  
IN THIS SPACE**

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

*Belinda T. France*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

~~January 1 - May 1 Fee is \$150.00~~

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

①

P, S, T, D,

E.H. Strickland

N. Main Street, State Road 20

Bristol, FL 32321

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

②

D, VP

Mildred Goodson

P.O. Box 98

Bristol, FL 32321

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*E.H. Strickland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred Goodson

Date 3/14/02

Daytime Phone #

CR2E034B (12/01)