

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000611

1. Entity Name
STRUBLE & COTNEY INVESTMENTS, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90028 008 ***150.00

Principal Place of Business
**1495 RAIL HEAD BLVD., SUITE 5
NAPLES FL 34110**

Mailing Address
**1495 RAIL HEAD BLVD., SUITE 5
NAPLES FL 34110**

2. Principal Place of Business
201 SAN MATEO DR
Suite, Apt. #, etc.

3. Mailing Address
201 SAN MATEO DR
Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL
Zip
34134 Country
COLLIER

City & State
BONITA SPRINGS, FL
Zip
34134 Country
COLLIER

4. FEI Number **62-1806201**

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

**STRUBLE, WARD S
1495 RAIL HEAD BLVD., SUITE 5
NAPLES FL 34110**

Name
WARD STRUBLE
Street Address (P.O. Box Number is Not Acceptable)
201 SAN MATEO DR
City
BONITA SPRINGS FL Zip Code
34134

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 *Ward Struble Pres*

3/6/01
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPT
STRUBLE, WARD S
201 SAN MATEO DR.
BONITA SPRINGS FL 34134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCV
COTNEY, BRYAN T
2080 BELL ROAD
MONTGOMERY AL 36117** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DYAS, ERIC J
254 STATE STREET
MOBILE AL 36603** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLRED, GLENDA S
8133 LONGNEEDLE PLACE
MONTGOMERY AL 36603** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, JOHN C.H. JR.
254 STATE STREET
MOBILE AL 36603** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ward Struble Pres **WARD STRUBLE PRES.** **3/6/01** **(941) 495-0952**

CR2E034 (10/00)