

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90203 008 \*\*\*150.00

**DOCUMENT # F82426**

**1. Entity Name**  
**STRATHMORE MANAGEMENT CORPORATION**



**Principal Place of Business**  
1601 W MARION AVE  
STE 203  
PUNTA GORDA FL 33950  
US

**Mailing Address**  
1601 W MARION AVE  
STE 203  
PUNTA GORDA FL 33950  
US

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 59-2535283

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**

AUGHEY, THEODORE  
2909 GUADALUPE DR.  
PUNTA GORDA FL 33950

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD, Sec, TRS	<input type="checkbox"/> Delete
NAME	AUGHEY, THEODORE	
STREET ADDRESS	2909 GUADALUPE DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

*Theodore Aughey, President* 2/13/03

Date

Daytime Phone #

CR2E034 (10/02)