## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 08, 2001 8:00 am Secretary of State DOCUMENT # F9600002219 THE STRICKLAND COMPANIES, INC. OF TN. 02-08-2001 90158 013 \*\*\*158.75 Mailing Address Principal Place of Business 1016 N.W. 1ST COURT 1016 N.W. 1ST COURT HALLANDALE FL 33009 HALLANDALE FL 33009 US HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2155015 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAYNE, PAUL ESQ Street Address (P.O. Box Number is Not Acceptable) 80 SW 8TH ST **BRICKELL VIEW CENTER SUITE #3000** MIAMI FL 33-3130 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition DCP ☐ Delete TITLE TITLE NAME NAME STRICKLAND, RODNEY A STREET ADDRESS STREET ADDRESS 1402 KENNEDY CAUSEWAY #163 CITY-ST-ZIP CITY-ST-ZIP N BAY VILLAGE FL 33141 ☐ Change ☐ Addition TITI F ☐ Delete TITLE STRICKLAND, MICHAEL C NAME NAME STREET ADDRESS STREET ADDRESS 1402 KENNEDY CAUSEWAY #163 CITY-ST-ZIP CITY-ST-ZIP N BAY VILLAGE FL 33141 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STRICKLAND, MELVIN N STREET ADDRESS STREET ADDRESS 3741 NE 163RD ST, #292 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33160 Addition ☐ Change TITI F ☐ Delete TITLE NAME STRICKLAND, JOAN P STREET ADDRESS STREET ADDRESS 3741 N.E. 168 ST #292 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33160** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the 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 emportation 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 of the empowered.

reserved

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