

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90056 043 ***150.00

DOCUMENT # F99000004005

1. Entity Name

STRICKLER HOLDINGS, INC.

Principal Place of Business

321 COLUMBUS AVE. ^{3RD}
 THE ELECTRIC CARRIAGE HOUSE ^{6TH FLOOR}
 BOSTON MA 02116

Mailing Address

321 COLUMBUS AVE. ^{3RD}
 THE ELECTRIC CARRIAGE HOUSE ^{6TH FLOOR}
 BOSTON MA 02116

2. Principal Place of Business

321 Columbus Ave

3. Mailing Address

321 Columbus Ave

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

3rd Floor

The Electric Carriage House

The Electric Carriage House

City & State

City & State

Boston MA

Boston MA

Zip

02116

Country

US

Zip

02116

Country

US

4. FEI Number

04-3402055

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

LACAIRE, KATHLEEN

6644 SKI LANE

MILTON FL 32583

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, 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
CDP
STRICKLER, DAVID ^{3rd}
321 COLUMBUS AVE., ^{6TH FLOOR}
BOSTON MA 02116 ☐ Delete

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01 617-267-0044

CR2E034 (10/00)

0440593