

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90008 042 ***158.75

DOCUMENT # G15954

1. Entity Name
6/10 CORPORATION

Principal Place of Business

Mailing Address

P O BOX 7378
 SUITE 310
 WINTER HAVEN FL 33883

P O BOX 7378
 SUITE 310
 WINTER HAVEN FL 33883-7378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2244598**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

STRANG, CARL J III
519 AVE. B, NW
WINTER HAVEN FL 33882

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	STRANG, CARL J III	
STREET ADDRESS	519 AVE. B., NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	COB	<input type="checkbox"/> Delete
NAME	STRANG, CARL J JR	
STREET ADDRESS	D1050 W LAKE OTIS DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, KERRY	
STREET ADDRESS	PO BOX 7608 NA	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOGDANH, JOSEPH	
STREET ADDRESS	PO BOX 7378 NA	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> * * * * *
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2000
 Date

941 299-1175
 Daytime Phone #