

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G15954

1. Entity Name  
6/10 CORPORATION

Principal Place of Business  
P O BOX 7378  
SUITE 310  
WINTER HAVEN FL 33883

Mailing Address  
P O BOX 7378  
SUITE 310  
WINTER HAVEN FL 33883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2244598

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

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, 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 P  
STREET ADDRESS STRANG, CARL J III  
CITY-ST-ZIP 519 AVE. B, NW  
WINTER HAVEN FL

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME COB  
STREET ADDRESS STRANG, CARL J JR  
CITY-ST-ZIP D1050 W LAKE OTIS DR  
WINTER HAVEN FL

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME V  
STREET ADDRESS WILSON, KERRY  
CITY-ST-ZIP PO BOX 7608 NA  
WINTER HAVEN FL

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME V  
STREET ADDRESS BOGDHANN, JOSEPH  
CITY-ST-ZIP PO BOX 7378 NA  
WINTER HAVEN FL

☐ 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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90041 044 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)