## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: AUGUSTUS AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 24, 2002 8:00 am § Secretary of State DOCUMENT # G60067 1. Entity Name 03-24-2002 90034 042 \*\*\*150 00 STRAND ENTERPRISES, INC. Principal Place of Business Mailing Address 2010 OCEAN FRONT 2010 OCEAN FRONT NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2324241 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, MICHAEL N Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT RD **BLDG 100** JACKSONVILLE FL 32256 Zip Code City 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 144 54 6 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be \* Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Sit (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition NAME UNDERWOOD, ROGER NAME STREET ADDRESS 2010 STRAND ST. STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH FL CITY-ST-ZIP ☐ Addition TITLE TITLE Delete ☐ Change NAME UNDERWOOD, BRENDA K. NAME STREET ADDRESS STREET ADDRESS 2010 STRAND ST. CITY-ST-ZIP CITY-ST-7IP NEPTUNE BEACH FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 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 either like empowered.

Daytime Phone # 2127

FILED