

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G70168

1. Name

STRICKLAND AND ENTERPRISES OF HILLSBOROUGH COUNTY, I

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90044 006 ***150.00

2. Place of Business Mailing Address
STREET SOUTHEAST 1405 6TH-STREET SOUTHEAST
411 P. O. BOX 411
FL 33570 RUSKIN FL 33570-0411

813040



DO NOT WRITE IN THIS SPACE

3. Mailing Address
Apt. #, etc. Suite, Apt. #, etc.
& State City & State

4. FEI Number 59-2419954
Applied For
Not Applicable

Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STRICKLAND, JOYCE
1405 6TH ST., SE PO BOX 411
RUSKIN FL 33570

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its Intangible
filing requirement and elects to do so.
(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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete D STRICKLAND, L.A. 1405 6TH STREET SE RUSKIN FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete DST STRICKLAND, JOYCE 1405 6TH ST SE RUSKIN, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete D STRICKLAND, PATRICK 1405-6TH STREET, S.E. RUSKIN FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOYCE STRICKLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)