

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G89228****1. Entity Name**
STRICKLAND IMPORTS, INC.**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91504 029 ***150.00

Principal Place of Business
% JEAN CATHERINE STRICKLAND
2106 NORTH EDGEWOOD AVENUE
JACKSONVILLE FL 32254**Mailing Address**
% JEAN CATHERINE STRICKLAND
2106 NORTH EDGEWOOD AVENUE
JACKSONVILLE FL 32254
US

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 **59-2493341**

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****STRICKLAND, JEAN CATHERINE**
2106 NORTH EDGEWOOD AVENUE
JACKSONVILLE FL 32254

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	STRICKLAND, W. O.	2106 N. EDGEWOOD AVENUE	
		JACKSONVILLE FL		

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

	S	STRICKLAND, JEAN	2106 N. EDGEWOOD AVENUE	
		JACKSONVILLE FL		

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	VP	STRICKLAND, MICHAEL V	4216 RAPALLO RD	
		JACKSONVILLE FL		

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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 #

CR2E034 (9/01)