

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0416941 AV

DOCUMENT # H27140

1. Entity Name
STRATUS DEVELOPMENT, INC.

02-24-2002 90075 010 ***150.00

Principal Place of Business 9625 ALONZO RD RIVERVIEW FL 33569 US	Mailing Address 9625 ALONZO RD RIVERVIEW FL 33569 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2475455** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**SWOPE, DALE M.
 777 S. HARBOUR ISLAND BLVD
 SUITE 850
 TAMPA FL 33602**

Name _____
 Street Address (P.O. Box Number is Not Acceptable)
1234 5th Avenue, E.
 City **Tampa** FL Zip Code **33605**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	KEARNEY, BRYAN		
	9625 ALONZO RD		
	RIVERVIEW FL		
D	KEARNEY, C.W., JR.		
	9625 ALONZO RD		
	RIVERVIEW FL		
P	KEARNEY, C.W., SR.		
	9625 ALONZO RD		
	RIVERVIEW FL		
S	KEARNEY, JOANNE		
	9625 ALONZO RD.		
	RIVERVIEW FL		

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: *Joanne Kearney, Pres.* Date: *2/7/02* Daytime Phone #: *813-621-4866*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)