

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90200 040 ***158.75

DOCUMENT # H44441

1. Entity Name
STRAUB CAPITAL CORP.



Principal Place of Business
**440 ROYAL PALM WAY, SUITE 202
PALM BEACH FL 33480**

Mailing Address
**440 ROYAL PALM WAY, SUITE 202
PALM BEACH FL 33480**



2. Principal Place of Business
450 Royal Palm Way

3. Mailing Address
450 Royal Palm Way

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.
Suite 401

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip
33480

Country

Zip
33480

Country

4. FEI Number
59-2497585

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CECIL, JAMES D
440 ROYAL PALM WAY, STE 202
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**450 Royal Palm Way
Suite 401**

City
Palm Beach

FL

Zip Code
33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STRAUB, GLENN E.**
STREET ADDRESS **440 ROYAL PALM WAY #202**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **DC** ☐ Delete
NAME **STRAUB, GEORGE E.**
STREET ADDRESS **440 ROYAL PALM WAY #202**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **VTS** ☐ Delete
NAME **CECIL, JAMES D.**
STREET ADDRESS **440 ROYAL PALM WAY #202**
CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **450 Royal Palm Way Suite 401**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **450 Royal Palm Way Suite 401**
CITY-ST-ZIP **Palm Beach, FL 33480**

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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

813-655-4444

Daytime Phone #

CR2E034 (10/02)