

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J18878****1. Entity Name**  
**STRICKLAND CONSTRUCTION AND DEVELOPERS, INC.****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90074 026 \*\*\*150.00

00010010



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
6819 BROKEN ARROW TR.  
LAKELAND FL 33813  
US**Mailing Address**  
6819 BROKEN ARROW TR.  
LAKELAND FL 33813  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 59-2690869

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, J. THOMAS, III  
6819 BROKEN ARROW TR.  
LAKELAND FL 33813

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

**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, 2001 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**TITLE PD  
NAME STRICKLAND, J THOMAS III  
STREET ADDRESS 6819 BROKEN ARROW TR.  
CITY-ST-ZIP LAKELAND FL 33813 ☐ DeleteTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP**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

4/24/01

Date

863 644 6044

Daytime Phone #

CR2E034 (10/00)