

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90296 036 ***158.75

DOCUMENT # K55978

1. Entity Name
STROM ENGINEERING OF FLORIDA, INC.



Principal Place of Business
**3007 WEST CYPRESS STREET
SUITE 5
TAMPA FL 33609**

Mailing Address
**3007 WEST CYPRESS STREET
SUITE 5
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2923584**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOX, THOMAS P.
401 E KENNEDY BV
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STROM, DONALD O. L.**
STREET ADDRESS **739 MARBLE WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S/T** ☐ Change ☒ Addition
NAME **HEIDI B BRECHBIEL**
STREET ADDRESS **12917 STATE ST**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE **BP** ☐ Delete
NAME **BRECHBIEL, CARL W.**
STREET ADDRESS **3007 W CYPRESS ST, #5**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **DONALD OL STROM**
STREET ADDRESS **723 MARBLE WAY**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **CARL W. BRECHBIEL**
STREET ADDRESS **12917 STATE ST**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Heidi B Brechbiel **HEIDI B BRECHBIEL** 03/27/03 813-879-3518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)