## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # K72302** Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** STROBEL AND HUNTER, INC. 03-06-2000 90127 019 \*\*\*150.00 Principal Place of Business Mailing Address 715 E. GADSDEN ST 🖫 E. GADSDEN ST PENSACOLA FL 32501-4069 \_\_\_\_ FL 32501 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0087397 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STROBEL, STANLEY L. Street Address (P.O. Box Number is Not Acceptable) 715 E. GADSDEN ST PENSACOLA FL 32501 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (66/6)TITLE Change TITLE ☐ Delete STROBEL, STANLEY L NAME NAME STREET ADDRESS 319 NORTH SUNSET BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Addition ☐ Change Delete TITLE HUNTER, GEORGE E. JR. NAME STREET ADDRESS STREET ADDRESS 3376 LAUREL DRIVE CITY-ST-ZIP CITY-\$T-ZIP **GULF BREEZE FL 32561** Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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.

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

2-29-00 850-432-3153

Daytime Phone

☐ Change

Addition