

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34641

1. Entity Name
BRIAN D. STRAND, C.P.A., P.A.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90034 011 ***150.00

Principal Place of Business

1671 MOUND ST
~~2014 FOURTH ST~~
SARASOTA FL 34236
US

Mailing Address

1671 MOUND ST
~~2014 FOURTH ST~~
SARASOTA FL 34236
US

2. Principal Place of Business

3. Mailing Address

1671 MOUND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL

Zip

Country

Zip

Country

34236-7715

4. FEI Number 65-0160293

Applied For

Not Applicable

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

LEE, H. GREG
2014 FOURTH ST
SARASOTA FL 34237

Name

BRIAN D. STRAND

Street Address (P.O. Box Number is Not Acceptable)

1671 MOUND STREET

City

SARASOTA

FL

Zip Code

34236

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)

DATE

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 ☐ Delete
NAME D
STREET ADDRESS STRAND, BRIAN D.
CITY-ST-ZIP 6935 ANTIGUA PLACE
SARASOTA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

BRIAN D. STRAND, PRES.

Date

4/28/01

Daytime Phone #

(941) 954-1685

CR2E034 (10/00)