2002 UNIFORM BUSINESS REPORT (UBR)

L34641

DOCUMENT # 1. Entity Name

BRIAN D. STRAND, C.P.A., P.A.

Principal Place of Business

Mailing Address

1671 MOUND ST

1671 MOUND ST

SARASOTA FL 34236-7715

SARASOTA FL 34236

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

		rrent Registered Agent		<u>_</u>		Fee Required
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional
				00-0100293		Not Appli
City & State		City & State		4. FEI Number 65-0160293		Applied F
City R State		0: 20:				

STRAND, BRIAN D 1671 MOUND STREET SARASOTA FL 34236

(See criteria on back)

Hallic					
Street Address (P.O. Box Number	s Not Acceptable)			
 ·					
City			EI.	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 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2002 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

Applied For Not Applicable

11.	OFFICERS AND DIRECTO	ORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strand, Brian D. 6935 antigua place Sarasota fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE		□ Doloto	TITLE	

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition