

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70302

1. Entity Name

STRATEGIC REALTY, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90120 024 ***150.00

Principal Place of Business

5995 B PHILIPS HWY
JACKSONVILLE FL 32216
US

Mailing Address

P.O. BOX 550590
JACKSONVILLE FL 32255-0590
US

00044976



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2955520

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

SMITH, HULSEY & BUSEY
225 WATER ST.
SUITE 1800
JACKSONVILLE FL 32202

Name Smith, Gambrell + Russell, LLP
Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Street, Suite 2200
Attn: Babette L. Ashley
City Jacksonville Zip Code 32202

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 Babette L. Ashley

Signature, typed or printed name of registered agent and title if applicable.

Babette L. Ashley

(NOTE: Registered Agent signature required when registering)

4/16/01

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 DP
STREET ADDRESS GRAY, ROBERT J.
CITY-STATE-ZIP 5995 B PHILIPS HWY
JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-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:

ROBERT J. GRAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

(904) 731-3198

Daytime Phone #

CR2E034 (10/00)