

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 006 ***150.00

DOCUMENT #M87554

1. Entity Name

STRATCOR, INC.

Principal Place of Business

3829 COCONUT PALM DR.
TAMPA FL 33619
US

Mailing Address

3829 COCONUT PALM DR.
SUITE 304
TAMPA FL 33619
US

2. Principal Place of Business

3. Mailing Address

3829 Coconut Palm Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-2909134

Applied For

Not Applicable

Zip

Country

Zip

Country

33619

USA

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

HARRINGTON, THOMAS D.
10002 PRINCESS PALM AVE
SUITE 304
TAMPA FL 33619

Name

Thomas D. Harrington, Jr.

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

3829 Coconut Palm Drive

City

Tampa

FL

Zip Code
33619

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 NAME STREET ADDRESS CITY-ST-ZIP	PDC KLINGHOFFER, MEL 4604 CLARKSDALE LANE BRANDON FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3829 Coconut Palm Drive. Tampa, FL 33619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANA B ALFONSO 10002 PRINCESS PALM AVE, SUITE 304 TAMPA FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3829 Coconut Palm Dr. Tampa, FL 33619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 information.

Stratcor, Inc.

SIGNATURE: By:

Signature and typed or printed name of signing officer or director

Mel Klinghoffer, President

4/24/01

813-620-1661

City

Carline Phone #

035047