2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90009 006 ***150.00

035047

DOCUMENT #M87554

1. Entity Name

STRATCOR, INC.

Principal Place of Business	Mailing Address
3829 COCONUT PALM DR. TAMPA FL 33619 US	3829 COCONUT PALM DR. SUITE 304 TAMPA FL 33619 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3829 Coconut Palm Dr. Suite, Apt. #, etc.
City & State	Tampa, FL
Zip / Country	Zip: 33619 / Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2909134 — 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
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: PDC NAME: KLINGHOFFER, MEL STREET ADDRESS: 4604 CLARKSDALE LANE CITY-ST-ZIP: BRANDON FL 33511 ☐ Delete	TITLE: NAME: STREET ADDRESS: 3829 Coconut Palm Drive. CITY-ST-ZIP: Tampa, FL 33619 ☒ Change ☐ Addition
TITLE: S NAME: ANA B ALFONSO STREET ADDRESS: 10002 PRINCESS PALM AVE, SUITE 304 CITY-ST-ZIP: TAMPA FL 33619 ☐ Delete	TITLE: NAME: STREET ADDRESS: 3829 Coconut Palm Dr. CITY-ST-ZIP: 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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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: By: Stratcor, Inc. — 4/24/01 — 813-620-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mel Klinghoffer, President

CR2E024 (10/00)