

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90120 047 ***150.00

DOCUMENT # P00000000626

1. Entity Name
STRATUS ENTERPRISE SOLUTIONS INC.

Principal Place of Business 2925 KNIGHTS AVENUE TAMPA FL 33611	Mailing Address 2925 KNIGHTS AVENUE TAMPA FL 33611
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2925 W. Knights Avenue Suite, Apt. #, etc.	3. Mailing Address 2925 W. Knights Avenue Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33611	Zip 33611
Country	Country

4. FEI Number 59-3627073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DROGARIS, LEONIDAS
2925 KNIGHTS AVENUE
TAMPA FL 33611

7. Name and Address of New Registered Agent
 Name
Leonidas Drogaris
 Street Address (P.O. Box Number is Not Acceptable)
2925 W. Knights Avenue
 City
Tampa FL Zip Code
33611

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: **LD.**
 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, 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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P DROGARIS, LEONIDAS 2925 KNIGHTS AVE TAMPA FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: **LD.** **1/31/02** **(813)230-1579**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

02/20/02

CR2E034 (9/01)