

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90033 018 ***150.00

DOCUMENT # P00000009397

1. Entity Name

STRONG FINANCIAL SERVICES INC.

Principal Place of Business

**11 PALM CASTLE DR.
PORT ORANGE FL 32127**

Mailing Address

**11 PALM CASTLE DR.
PORT ORANGE FL 32127**

2. Principal Place of Business

216 Commonwealth Blvd

Suite, Apt. #, etc.

3. Mailing Address

216 Commonwealth Blvd

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

59-3635479

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32127

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRONG, DAVID
11 PALM CASTLE DR.
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

Strong, David

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

216 Commonwealth Blvd.

City

Port Orange

FL

Zip Code
32127

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

TITLE **PVT** ☒ Delete
NAME **Strong, David**
STREET ADDRESS **11 Palm Castle Drive**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT** ☒ Change ☐ Addition
NAME **Strong, David**
STREET ADDRESS **216 Commonwealth Drive**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **S** ☐ Change ☒ Addition
NAME **Strong, Cathy**
STREET ADDRESS **216 Commonwealth Drive**
CITY-ST-ZIP **Port orange, FL 32127**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Strong - President 4-19-01 386-761-7855

Date

Daytime Phone #

CR2E034 (10/00)