

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045845

1. Entity Name
STRIKE II CHARTERS, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 5:16

Principal Place of Business
1602 SABEL SAND
SANIBEL FL 33957

Mailing Address
1602 SABEL SAND
SANIBEL FL 33957

2. Principal Place of Business

1602 Sabel Sands Road
Suite, Apt. #, etc.

3. Mailing Address

1602 Sabel Sands Road
Suite, Apt. #, etc.

City & State

Sanibel, Florida

City & State

Sanibel, Florida

Zip

33957

Country

Lee

Zip

33957

Country

Lee

4. FBI Number

65-1021241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASE, DAVID
1602 SABEL SAND
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 releasing)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	President	☐ Delete
NAME	DAVID R. CASE	
STREET ADDRESS	1602 Sabel Sand Road	
CITY-ST-ZIP	Sanibel, FL. 33957	
TITLE	Treasurer	☐ Delete
NAME	DAVID R. CASE	
STREET ADDRESS	1602 Sabel Sand Road	
CITY-ST-ZIP	Sanibel, FL. 33957	
TITLE	Director	☐ Delete
NAME	DAVID R. CASE	
STREET ADDRESS	1602 Sabel Sand Road	
CITY-ST-ZIP	Sanibel, FL. 33957	
TITLE	Secretary	☐ Delete
NAME	Janelle E. Marx	
STREET ADDRESS	5000 Tamiami Trail	
CITY-ST-ZIP	Port Charlotte, FL. 33980	
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		☐ 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)(f), 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:

DAVID R. CASE REQUIRED

9/4/01

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/01)