

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90002 044 \*\*\*150.00

659754

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P000000046311~ <b>1. Entity Name</b> Strategic Investments, Inc.																																			
<b>Principal Place of Business</b> 1203 Thomasville Rd. Tallahassee, FL 32303		<b>Mailing Address</b> P.O. Box 13403 Tallahassee, FL 32303																																	
<b>2. Principal Place of Business</b> 1203 Thomasville Rd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 3403 Suite, Apt. #, etc.																																	
<b>City &amp; State</b> Tallahassee, FL <b>Zip</b> 32303		<b>City &amp; State</b> Tallahassee, FL <b>Zip</b> 32317																																	
<b>Country</b> Leon		<b>Country</b> Leon																																	
<b>4. FEI Number</b>		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																			
<b>6. Name and Address of Current Registered Agent</b> Daws, Sonya K. 3838 Killearn Ct. Tallahassee, FL 32308		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
<b>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.</b>																																			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: If registered Agent signature required when reinstating) DATE</small>																																			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$150.00</b> <b>Make Check Payable to Department of State</b>																																	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>11. OFFICERS AND DIRECTORS</b>																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete           </td> </tr> <tr> <td colspan="2" style="padding: 2px;">           D Ketcham, Clay B.            2370 Potts Rd.            Tallahassee, FL 32308         </td> </tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> </table>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	D Ketcham, Clay B. 2370 Potts Rd. Tallahassee, FL 32308																<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>															
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<b>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.</b>																																			
<b>SIGNATURE:</b> <u>Clay B. Ketcham</u> <span style="float: right;">Clay B. Ketcham 5/10/01 681-0600</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			

CR2E034 (11/00)