

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000085778

FILED
Mar 24, 2003
Secretary of State

Entity Name: STROUD SERVICES II, INC.

Current Principal Place of Business:

P.O. BOX 1282
HILLIARD, FL 32046

New Principal Place of Business:

2667 DUNN AVENUE
UNIT 5
JACKSONVILLE, FL 32226

Current Mailing Address:

P.O. BOX 1282
HILLIARD, FL 32046

New Mailing Address:

P.O. BOX 26428
JACKSONVILLE, FL 32226

FEI Number: 59-3664900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROUD, BARBARA A
MURRHEE RD
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

STROUD, BARBARA A
8167 CROSSWIND ROAD
JACKSONVILLE, FL 32244 US

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: _____

Electronic Signature of Registered Agent

03/24/2003

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTLEN, EDWARD L
Address: 10917 KEY COLONY COURT
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D () Delete
Name: STROUD, BARBARA A
Address: P.O. BOX 1282
City-St-Zip: HILLIARD, FL 32046 US

Title: D () Delete
Name: HALL, SHELLY M
Address: 10932 KEY HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D () Delete
Name: WRIGHT, SUE E
Address: 4405 BRYSON DRIVE
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STROUD, BARBARA A
Address: 8167 CROSSWIND ROAD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D (X) Change () Addition
Name: HALL, SHELLY M
Address: 908 TARIN DRIVE, NORTH
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. STROUD

Electronic Signature of Signing Officer or Director

PRES

03/24/2003

Date