

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**  
 03-15-2001 90031 014 \*\*\*150.00

DOCUMENT # P00000089181

1. Entity Name

STRICKLAND'S A1A, INC.

Principal Place of Business

Mailing Address

301 TENTH AVENUE NORTH  
 JACKSONVILLE BEACH, FL 32250

SAME AS  
 PRINCIPAL PLACE OF  
 BUSINESS

A0033337

2. Principal Place of Business

301 TENTH AVENUE NORTH  
 Suite, Apt. #, etc.

3. Mailing Address

301 TENTH AVENUE NORTH  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

4. FEI Number

59-3672733

Applied For

Not Applicable

Zip

Country

32250

U.S.A.

Zip

Country

32250

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL D. STRICKLAND  
 14025 MOUNT PLEASANT ROAD  
 JACKSONVILLE, FL 32225

Name CHRISTOPHER M. WOOTEN

Street Address (P.O. Box Number is Not Acceptable)  
 301 TENTH AVENUE NORTH

City JACKSONVILLE BEACH FL Zip Code 32250

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

CHRISTOPHER M. WOOTEN (PRESIDENT) 3/6/01

Signature of registered agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☐ Delete  
 NAME CHRISTOPHER M. WOOTEN  
 STREET ADDRESS 301 TENTH AVENUE NORTH  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE V/D ☒ Change ☐ Addition  
 NAME MICHAEL D. STRICKLAND, JR.  
 STREET ADDRESS 301 TENTH AVENUE NORTH  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE V/D ☒ Delete  
 NAME MICHAEL D. STRICKLAND  
 STREET ADDRESS 14025 MOUNT PLEASANT ROAD  
 CITY-ST-ZIP JACKSONVILLE, FL 32225

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

TITLE S/D ☐ Delete  
 NAME DEANNA R. WOOTEN  
 STREET ADDRESS 301 TENTH AVENUE NORTH  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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

TITLE T/D ☐ Delete  
 NAME DEANNA R. WOOTEN  
 STREET ADDRESS 301 TENTH AVENUE NORTH  
 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 another like empowered.

SIGNATURE

PRESIDENT

3/6/01

(904)247-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)