## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jul 17, 2001 8:00 am P00000097970 **DOCUMENT # Secretary of State** 1. Entity Name 07-17-2001 90005 017 \*\*\*150.00 STRATEGIES, INC. BEHAVIOR ANALYSIS AND THERAPEUT Mailing Address Principal Place of Business 839 S. COOPER ST. 839 S. COOPER ST. A0077684 NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4106 Applied For Not Applicable Certificate of Status Desired: /<sub>-0</sub>-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REISES. CHERYL G Street Address (P.O. Box Number is Not Acceptable) 839 S. COOPER ST. **NEW SMYRNA BEACH FL 32169** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete REISER, CHERYL G NAME 839 S. COOPER ST. STREET ADDRESS STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ ] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 of the corporation or the rece changed, or on an attachmen

Affachment DHPWWY7970 AWYXO84

## Strategies, Inc.

## **Behavior Analysis & Therapeutic Services**

1635 S. Ridgewood Avenue Suite 106 South Daytona, Florida 32119 (386) 767-3752 Fax (386) 767-4319 Strategiesforsuccess@msn.com



Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fla 32302-1500

To Whom It May Concern,

Attached you will find the 2001 Uniform Business Report for Strategies, Inc. Behavior Analysis and Therapeutic Services. I did not receive the report that was to be filed earlier. I called and spoke to one of your representatives and he directed me to complete the form with an attached letter and check for \$150.

I apologize for any inconvenience. This is my first year as a corporation.

Thank You,

Cheryl G. Reiser, President/CEO