

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90237 012 ***150.00

DOCUMENT # P00000112832

1. Entity Name
STRUM FINANCIAL SERVICES, INC.

Principal Place of Business
**7647 SOUTHAMPTON DRIVE
 TAMARAC FL 33321**

Mailing Address
**7647 SOUTHAMPTON DRIVE
 TAMARAC FL 33321**

2. Principal Place of Business
7035 NW 105th AVE

3. Mailing Address
7035 NW 105th AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMARAC FL

City & State
TAMARAC FL.

4. FEI Number
65-1064629

Applied For
 Not Applicable

Zip
33321

Country
U.S.A

Zip
33321

Country
U.S.A

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANDIN, GARY I
 3111 UNIVERSITY DRIVE
 SUITE 404
 CORAL SPRINGS FL 33065**

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 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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUM, LAWRENCE 7647 SOUTHAMPTON DRIVE TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUM, MILTON 7647 SOUTHAMPTON DRIVE TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 my address, with all other like empowered.

SIGNATURE: *Lawrence Strum* **President** **7/12/01** **854-914-4682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment

Dr. # P00000112832

Strum Financial Services Inc.
7035 N.W. 105th Ave.
Tamarac, FL 33321

C0073589

7/12/01

To Whom IT MAY CONCERN,

PLEASE be ADVISED I called your office today, too let them know I had NOT received a previous invoice.

I moved in March to this new address and had only started corporation in Dec.

Individual I spoke to on phone instructed me to fill out form and remit check for \$150.00.

Sorry for ANY inconvenience.

Sincerely

Samuel R. President