

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91313 030 ***150.00

DOCUMENT # P01000007050

1. Entity Name
STRAUB AND COMPANY, INC.



Principal Place of Business
8551 NW 49TH ST.
LAUDERHILL FL 33351

Mailing Address
8551 NW 49TH ST.
LAUDERHILL FL 33351



2. Principal Place of Business

10293 NW 20th Ct
Suite, Apt. #, etc.

3. Mailing Address

10293 NW 20th Ct
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs FL
Zip 33071 Country USA

City & State

Coral Springs FL 33071
Zip 33071 Country USA

4. FEI Number 65-1065824

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAUB, PATRICIA
8551 NW 49TH ST.
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8551 NW 20th Ct
City Coral Springs FL Zip Code 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Straub*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	STRAUB, PATRICIA	
STREET ADDRESS	8551 NW 49TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	STRAUB, ROBERT	
STREET ADDRESS	8551 NW 49TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10293 NW 20th Ct	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10293 NW 20th Ct	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Straub*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 954-270-6225
Date Daytime Phone #

CR2E034 (10/02)