

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90152 037 \*\*\*150.00

**DOCUMENT # P01000018305**

1. Entity Name  
**STRATEGIC SOLUTIONS GROUP, INC.**

Principal Place of Business Mailing Address  
**430 N. MILFORD RD. 430 N. MILFORD RD.**  
**DOWNINGTOWN PA 19335 DOWNINGTOWN PA 19335**

2. Principal Place of Business 3. Mailing Address  
**12731 Allendale Cir 12731 Allendale Cir**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Fort Myers FL Fort Myers FL**  
 Zip Country Zip Country  
**33912 USA 33912 USA**

4. FEI Number Applied For  
**25-1886024** Not Applicable

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

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

Name **Randy Darrow**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12731 Allendale Circle**  
 City **Fort Myers** **FL** Zip Code **33912**

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 **Randy S. Darrow** **Randy Darrow President**  
 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 \$150.00**  
**After May 1, 2002 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

TITLE	<b>D 1</b>	<input type="checkbox"/> Delete
NAME	<b>DARROW, RANDY</b>	
STREET ADDRESS	<b>430 N. MILFORD RD.</b>	
CITY-ST-ZIP	<b>DOWNINGTOWN PA 19335</b>	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Randy Darrow</b>	
STREET ADDRESS	<b>12731 Allendale Circle</b>	
CITY-ST-ZIP	<b>Fort Myers FL 33912</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Randy S. Darrow** **Randy Darrow President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)