

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91358 002 \*\*\*150.00

**DOCUMENT # P01000072946**

1. Entity Name  
**STRIFLER ENTERPRISES, INC.**



Principal Place of Business  
**8120 S SUNCOAST BLVD  
HOMOSASSA FL 34446**

Mailing Address  
**PO BOX 1336  
HOMOSASSA FL 3447**



2. Principal Place of Business

**6013 S. Suncoast Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Unit 4**

City & State

**HOMOSASSA, FL**

City & State

4. FEI Number **59-3737459**

Applied For

Not Applicable

Zip

**34446**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STRIFLER, MARK  
8120 S SUNCOAST BLVD  
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6013 S. Suncoast Blvd.**

**Unit 4**

City

**HOMOSASSA**

FL

Zip Code

**34446**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STRITLER III, FRANK</b>	
STREET ADDRESS	<b>33 CHINABERRY CIR</b>	
CITY-ST-ZIP	<b>HOMOSASSA FL 34446</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> Delete
NAME	<b>STRILER, MARK</b>	
STREET ADDRESS	<b>6649 W. VENABLE ST.</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Strifler Frank</b>	
STREET ADDRESS	<b>Box 236</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34423</b>	
TITLE	<b>VTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Strifler Mark</b>	
STREET ADDRESS	<b>6649 W Venable St</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34429</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		
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:

**Mark Strifler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-23-03**

**352.382.4347**

CR2E034 (10/02)