

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90226 022 ***150.00

DOCUMENT #. P01000079124

1. Entity Name

Strictly Professionals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7222 Griffin Road

Suite, Apt. #, etc.

3. Mailing Address

7222 Griffin Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3731820

Applied For

Not Applicable

Zip

Country

34601

USA

Zip

Country

34601

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kelly Willmott

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

7222 Griffin Road

City

Brooksville

FL

Zip Code

34601

**DO NOT WRITE
IN THIS SPACE**

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

Kelly Willmott

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

(NOTE: Registered Agent signature required when reinstating)

Kelly Willmott

DATE

4/24/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Treasurer
Kelly Willmott
7222 Griffin Rd.
Brooksville, FL 34601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly Willmott Kelly Willmott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

352-540-9516

Daytime Phone #

CR2E034B (12/01)