

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91397 027 ***150.00

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DOCUMENT # P01000093509

1. Entity Name

C.J. STRANDS, INC.

Principal Place of Business

**10236 N VALLE DR
TAMPA FL 33612**

Mailing Address

**10236 N VALLE DR
TAMPA FL 33612**

2. Principal Place of Business

2319 W. Linebaugh Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, Fla.

City & State

Zip

33612

Country

USA

Country

4. FEI Number

59-3748348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLLAND, WILLIAM M JR
4815 E BUSH BLVD STE 101
TAMPA FL 33617-6050**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carla Jean Vickory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-02 (813) 936-5050

Date

Daytime Phone #

CR2E034 (9/01)

Attachment **APPLICATION TO COLLECT AND/OR REPORT TAX IN FLORIDA**

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R. 08/01
Page 1

Please use BLACK or BLUE ink ONLY and type or print clearly.

This application is for (check all that apply):

Indicate tax registration you are seeking.



<input checked="" type="checkbox"/>	Tax Type	Fee Due	Complete Sections
<input checked="" type="checkbox"/>	Sales and Use Tax	\$5.00 *	A, B, H
<input type="checkbox"/>	Use Tax Only	No fee	A, B, H
<input type="checkbox"/>	Solid Waste Fees	No fee	A, B, C, H
<input type="checkbox"/>	Unemployment Tax	No fee	A, D, H
<input type="checkbox"/>	Gross Receipts Tax on Electrical Power and Gas	No fee	A, E, H
<input type="checkbox"/>	Gross Receipts Tax on Dry Cleaning	\$30.00	A, E, H
<input type="checkbox"/>	Documentary Stamp Tax	No fee	A, F, H
<input type="checkbox"/>	Communications Services Tax	No fee	A, G, H

* The \$5 registration fee does not apply if this application is for a business location outside the State of Florida.

Do not share with AWL. ☐

See Section D

SECTION A — BUSINESS INFORMATION

1. Check the box that applies:

- ☒ New business entity
 ☐ New business location
 ☐ Change of county location (from one Florida county to another)
 ☐ Change of legal entity (proprietorship to partnership; partnership to corporation, etc.)

This change is effective (enter date):

/
 /

 month day year

List below your old sales tax certificate number(s) to be canceled.

-
 -

-
 -

a. If this is a seasonal business (not open year-round), list the first and last months of your season.

First month _____ Last month _____

2. Beginning date of business activity for this location or entity:

/
 /

 month day year

Provide the date this business location or entity became or will become liable for Florida tax(es). Do not use your incorporation date unless that is the date your business became liable for the tax. If you have been in business longer than 30 days prior to registering, contact the DOR service center nearest you.

If incorporated, please provide incorporation date:

/
 /

 month day year

3. Business name: Business, trade, or fictitious (d/b/a) name

Cj Strands Inc.

Business Telephone Number:

(813) 936-5050

4. Owner name: Legal name of individual, principal partner, or corporation

Carla Jean Vickory

Owner Telephone Number:

(813) 915-9705

5. Business location: Complete physical address of business or real property. Home-based businesses and flea market/craft show vendors must use their home addresses. Listing a post office box, private mailbox, or rural route number is not permitted.

2319 West Linebaugh Ave, Tampa, FL 33612

Is business located within city limits?

☒ Yes ☐ No

City/State/ZIP:

Tampa, Fla. 33612

County:

Hills.

6. Mail to the attention of:

Carla Vickory

Mailing address:

2319 West Linebaugh Ave

City/State/ZIP:

Tampa, Fla. 33612

Would you like to receive correspondence via e-mail?

☒ Yes ☐ No

E-mail address:

Cj.strands@verizon.net

Fax number:

7. If you have a Consolidated Sales Tax Number and want to include this business location, please complete the following:

-
 -

 Consolidated registration number

Consolidated registration name on record with the Florida Department of Revenue.

If you want to obtain a new consolidated number, contact the Department and request Form DR-1CON.

8. Business Entity Identification Number (If an FEIN is not required for your business entity, the social security number of the owner will be accepted.)

a. Federal Employer Identification Number (FEIN):

59-3748348

b. Social Security Number (SSN) of owner:

589-68-6312

FOR DOR OFFICE USE ONLY

mo	qu	sa	an	se	oc	org code	SUT No.	kind	sic	office code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PM/Delivery <input type="text"/>						Doc Stamp No. <input type="text"/>				
SAP B.P. No. <input type="text"/>						Gross Receipts No. <input type="text"/>				

** PLEASE TYPE OR PRINT CLEARLY **

SECTION A — BUSINESS INFORMATION (CONT'D.)

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9. Identify proprietors or owners, partners, officers, members, or trustees. Include the person whose social security number is listed under Question 8. **Without this information, processing of your application may be stopped.**

Name Title	Social security number Driver license number and state	Home address City/State/ZIP	Telephone number
Carla Vickory President	589-68-6312 V260-110-66-888-0 Florida	10236 N Valle Dr Tampa, FL 33612	(813) 915-9705
Timothy M. Vickory Vice President	267-87-0157 V260-813-63455-0 Florida	10236 N. Valle Dr Tampa, FL 33612	(813) 915-9705
T, S, D, C, M CARLA VICKORY	589-68-6312 V260-110-66-880	10236 N Valle Dr Tampa, Fla. 33612	(813) 915-9705

10. **Type of ownership** - Check one box to describe the structure of your business entity.

- ☐ Sole proprietorship - an individual or individual and spouse.
- ☐ Partnership - two or more persons or entities that have entered into a voluntary contract.
Check one: ☐ General partnership ☐ Limited partnership ☐ Joint venture
- ☒ Corporation - legal entity created under the authority of the corporation laws of a state (includes professional service corporation).
Check one: ☐ C-corporation ☒ S-corporation ☐ Not-for-profit corporation
- ☐ Limited liability company - legal entity created under the authority of the limited liability company laws of a state (includes professional limited liability company).
- ☐ Trust - legal entity created by a grantor for the benefit of designated beneficiaries under the laws of a state and valid trust agreement.
- ☐ Other (please specify): _____

11. If a partnership, corporation, or limited liability company, provide your fiscal year ending date: 12 / 31
month day

12. If incorporated or registered in Florida, provide your corporate document/registration number: _____

If not incorporated or registered in Florida, attach a copy of your articles of incorporation as filed with your state's corporate registration authority. For Florida corporation information, call the Florida Department of State, Division of Corporations at 850-488-9000.

13. Business bank information - provide the following information about the bank where tax money from this business will be deposited:

Bank of America ☐ Personal account ☒ Business account
Bank name
10050 N. Florida Ave, Tampa FL 33612
Bank street address City State ZIP

14. Is your business location rented? Yes ☒ No ☐ If yes, and you **do not operate from your home**, provide the following information.

Owner or landlord's name Sunny Acres Inc.
Address 2319 W. Linebaugh Ave.
City/State/ZIP Tampa, FL 33612
Telephone number (813) 936-5050

15. Describe your primary (more than 50%) business activity that generates revenue.

Wig sales

SECTION A — BUSINESS INFORMATION (CONT'D.)

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16. Does your business activity include (check all that apply):

- ☒ Sales of property or goods at retail (to consumers)?
☐ Sales of property or goods at wholesale (to registered dealers)?
☐ Sales of secondhand goods?
☐ Rental of commercial real property to individuals or businesses?
☐ Rental of transient living or sleeping accommodations (for six months or less)?
☐ Rental of equipment or other property or goods to individuals or businesses?
☐ Renting/leasing motor vehicles to others?
☒ Repair or alteration of tangible personal property?
☐ Charging admission or membership fees?
☐ Placing and operating coin-operated amusement machines at business locations belonging to others?

- ☐ Placing and operating vending machines at business locations belonging to others?
☐ Purchasing items to be included in a finished product assembled or manufactured for sale?
☐ Providing any of the following services? (Check all that apply.)
☐ Pest control for nonresidential buildings
☐ Cleaning services for nonresidential buildings
☐ Detective services
☐ Protection services
☐ Security alarm system monitoring
☐ Purchasing items that were not taxed by the seller at time of purchase?
☐ Using dyed diesel fuel for off-road purposes?

17. What products, services, or communications services do you purchase for resale?

SECTION B — SALES AND USE TAX ACTIVITY

COIN-OPERATED AMUSEMENT MACHINES

18. Are coin-operated amusement machines being operated at your business location? If yes, answer question 19. ☐ Yes ☒ No
19. Do you have a written agreement that requires someone other than yourself to obtain amusement machine certificates for any of the machines at your location? If yes, provide their information below. ☐ Yes ☒ No

Name	Address	Telephone number
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NOTE: You must complete an *Application for Amusement Machine Certificate* (Form DR-18) if you answered YES to question 18 and NO to question 19.

CONTRACTORS

20. Do you improve real property as a contractor? If yes, answer questions 21-23. ☐ Yes ☒ No
21. Do you sell tangible personal property at retail? ☐ Yes ☐ No
22. Do you purchase materials or supplies from vendors located outside of Florida? ☐ Yes ☐ No
23. Do you fabricate or manufacture any building component at a location other than contract sites? ☐ Yes ☐ No

MOTOR FUEL

24. Do you sell any type of fuel or use off-road, dyed, diesel fuel? If yes, answer questions 25 and 26. ☐ Yes ☒ No
25. a. Do you make retail sales of gasoline, diesel fuel, or aviation fuel at posted retail prices? ☐ Yes ☐ No
- b. If yes to #25a, does this business exist as a marina? ☐ Yes ☐ No
- c. If yes to #25a, provide your Florida Department of Environmental Protection facility identification number for this location.
26. Do you use dyed diesel fuel for off-road purposes that was not taxed at the time of purchase? ☐ Yes ☐ No

SECTION C — SOLID WASTE FEES

27. Do you sell tires or batteries, or rent/lease motor vehicles to others? If yes, answer questions 28-30. ☐ Yes ☒ No
28. Do you make retail sales of new tires for motorized vehicles (either separately or as a part of a vehicle)? ☐ Yes ☐ No
29. Do you make retail sales of new or remanufactured lead-acid batteries sold separately or as a component part of another product such as automobiles, golf carts, boats, etc.? ☐ Yes ☐ No
30. Are you in the business of renting or leasing vehicles that transport fewer than nine passengers to individuals or businesses? ☐ Yes ☐ No