FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91192 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100298

1. Entity Name: Strickland Mangement Services

663573

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
933 Lithia Pinecrest Rd.	933 Lithia Pinecrest Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, FL.	City & State: Brandon, FL
Zip: 33511 Country: USA	Zip: 33511 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 36-4476602 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Henry S. Strickland

Street Address (P.O. Box Number is Not Acceptable): 933 Lithia Pinecrest Rd.

City: Brandon FL Zip Code: 33511

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: _____ DATE

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: Strickland, Henry 12418 MIDPOINT DR. Riverview, FL 33569 PD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Williams T. Layne 602 GAY Rd Seffner, FL 33584 VD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Bradley, Edwin J 5937 Jaeger Glen DR. Lithia, FL 33547 SD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: **DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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: Hank Strickland HS HP Apr. 26th, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date