

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90155 029 ***150.00

DOCUMENT # P01000100298

1. Entity Name

STRICKLAND MANAGEMENT SERVICES, INC.



Principal Place of Business
**933 LITHIA PINECREST ROAD
BRANDON FL 33511**

Mailing Address
**933 LITHIA PINECREST ROAD
BRANDON FL 33511**

2. Principal Place of Business

514 LIMONA RD

Suite, Apt. #, etc.

3. Mailing Address

514 LIMONA RD

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Brandon, FL

City & State

Brandon, FL 33510

4. FEI Number

36-4476602

Applied For

Not Applicable

Zip
33510

Country
USA

Zip
33510

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRICKLAN, HENRY S
933 LITHIA PINECREST ROAD
BRANDON FL 33511**

*Strickland
(spelling error)*

7. Name and Address of New Registered Agent

Name

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

514 LIMONA RD

City

Brandon, FL

FL

Zip Code
33510

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]

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

(NOTE: Registered Agent signature required when reinstating)

02/12/03
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 NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, HENRY SCOTT 12418 MIDPOINT DRIVE RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, T. LAYNE 602 GAY ROAD SEFFNER FL 33584	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, EDWARD J 5937 JAEGER GLEN DRIVE LITHIA FL 33547	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/03
Date

Daytime Phone #

CR2E034 (10/02)