

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-01-2003 90150 039 ***150.00

DOCUMENT # P02000023570

1. Entity Name

EARL H. STRICKLAND, INC.

Principal Place of Business

**POST OFFICE BOX 1661
LAKE CITY FL 32056-1661**

Mailing Address

**POST OFFICE BOX 1661
LAKE CITY FL 32056-1661**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FE Number

45-0468581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNCAN, DONNA R CPA
441 S. ALACHUA STREET
LAKE CITY FL 32025-7023**

7. Name and Address of New Registered Agent

Name

Donna R Duncan CPA

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

303 SW Alachua Ave

City

Lake City

FL

Zip Code

32025-7023

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 **PD** ☐ Delete
NAME **STRICKLAND, EARL H**
STREET ADDRESS **POST OFFICE BOX 1661**
CITY-ST-ZIP **LAKE CITY FL 32056-1661**

TITLE **STD** ☐ Delete
NAME **DUNCAN, DONNA R**
STREET ADDRESS **441 S. ALACHUA STREET**
CITY-ST-ZIP **LAKE CITY FL 32025-7023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **303 SW Alachua Ave**
CITY-ST-ZIP **Lake City FL 32025-7023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Earl H. Strickland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

(386) 755-8888

Daytime Phone #

CR2E034 (10/02)