

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

DOCUMENT # P02000029431

1. Entity Name
STRN, INCORPORATED



02-24-2003 91099 001 ***150.00
02-24-2003 91099 002 *****8.75

Principal Place of Business
**240 QUAIL FOREST BLVD #217
NAPLES FL 34105**

Mailing Address
**240 QUAIL FOREST BLVD #217
NAPLES FL 34105**



2. Principal Place of Business
240 Quail Forest Blvd
Suite, Apt. #, etc.
217

3. Mailing Address
240 Quail Forest Blvd
Suite, Apt. #, etc.
217

☐ CHECK HERE IF MAKING CHANGES

City & State
Naples, FL
Zip
34105

City & State
Naples, FL
Zip
34105

4. FEI Number
45-0471428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEGGER, THOMAS A
240 QUAIL FOREST BLVD #217
NAPLES FL 34105**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P/T**
NAME **MEGGER, THOMAS A**
STREET ADDRESS **240 QUAIL FOREST BLVD #217**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D V/S**
NAME **HUNT, LINDA E**
STREET ADDRESS **240 QUAIL FOREST BLVD #217**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)