

FILED

Jun 02, 2003 8:00 am
Secretary of State


05-05-2003 91887 035 ***150.00

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

S/E

DOCUMENT # P02000029949

1. Entity Name
STRATEGIC SALES & DEMOS, INC.



Principal Place of Business
1373 BLUE SPRUCE CT
WINTER SPRINGS FL 32708

Mailing Address
1373 BLUE SPRUCE CT
WINTER SPRINGS FL 32708



2. Principal Place of Business
10 Fortive Lane
Suite, Apt. #, etc.

3. Mailing Address
1373 Blue Spruce Ct
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: Oldsmar
City & State: Winter Springs
4. FEI Number: 04-3629815
Applied For: Not Applicable

Zip: 34677 Country: FL
Zip: 32708 Country: Seminole
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCUTTE, ALFRED M JR
1373 BLUE SPRUCE CT
WINTER SPRINGS FL 32708

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: _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PST SCUTTE, ALFRED M JR 1373 BLUE SPRUCE CT WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alfred M. Scutte **ALFRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 **407-977-1700**
Date Daytime Phone #

CR2E034 (10/02)