

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90968 038 \*\*\*150.00

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**DOCUMENT # P02000087949**

1. Entity Name  
**STRASSER UNDERGROUND, INC.**



Principal Place of Business  
**1030 NORTH U.S. HIGHWAY 1  
ORMOND BEACH FL 32174**

Mailing Address  
**1030 NORTH U.S. HIGHWAY 1  
ORMOND BEACH FL 32174**

2. Principal Place of Business  
**303 LINCOLN AVENUE**

3. Mailing Address  
**P.O. Box 246**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**ORMOND BEACH, FLORIDA**

City & State  
**ORMOND BEACH, FLORIDA**

4. FEI Number  
**74-3057195**

Applied For  
Not Applicable

Zip  
**32174**

Country  
**USA**

Zip  
**32175**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROCK, JEFFREY P  
444 SEABREEZE BLVD.  
SUITE 900  
DAYTONA BREEZE FL 32118**

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

**PRESIDENT  
CHARLES L. STRASSER  
1316 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176**

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 of Registered Agent**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 28, 2003**

**1-386-677-2026**

Date Daytime Phone #

CR2E034 (10/02)