

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008278

1. Entity Name

STRATEGIC RECOVERY INC

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90061 015 ***150.00

Principal Place of Business

11595 KELLY RD.
FT. MYERS FL 33908
US

Mailing Address

11595 KELLY RD/
FT. MYERS FL 33908
US

2. Principal Place of Business

The Edison Center

3. Mailing Address

P.O. Box 07279

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33901

Country

USA

Zip

33919

Country

USA

4. FEI Number

65-0048602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLAUSNER, HARRY
10265 TAMiami TR. N.
NAPLES FL 33963

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KLAUSNER, HARRY**
STREET ADDRESS **7146 ESTERO BLVD. APT. 713 N**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE **D** ☐ Delete
NAME **KLAUSNER, MORTON**
STREET ADDRESS **7146 ESTERO BLVD. APT. 713 N**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Morton Klausner **Morton Klausner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

941-482 5050

Daytime Phone #

CR2E034 (10/00)