

2001 UNIFORM BUSINESS REPORT (UBR)

2/3

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-03-2001 90023 030 ***150.00

DOCUMENT # P94000057155

1. Entity Name

STRICK'S NEW & USED FURNITURE & APPLIANCES, INC.

Principal Place of Business

3187 NORTH LANE AVENUE
JACKSONVILLE FL 32254

Mailing Address

3187 NORTH LANE AVENUE
JACKSONVILLE FL 32254

2. Principal Place of Business

2174 N. Edgewood Ave
Suite, Apt. #, etc.

3. Mailing Address

3187 N. Lane Ave
Suite, Apt. #, etc.

City & State

City & State

Zip

32254

Country

DUVAL

Zip

32254

Country

DUVAL

6. Name and Address of Current Registered Agent

AKEL, DANIEL D
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202

4. FEI Number

59-3267026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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	DP...	<input type="checkbox"/> Delete
NAME	STRICKLAND, JOE T	
STREET ADDRESS	3187 NORTH LANE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDDIE STRICKLAND	
STREET ADDRESS	8383 ROCKLAND DR	
CITY-ST-ZIP	JACK FL 32221	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARNOLD WASDIN	
STREET ADDRESS	2174 N. EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDWIN STRICKLAND	
STREET ADDRESS	3222 WALTER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)