

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90011 009 ***150.00

DOCUMENT # P94000075598

1. Entity Name
STR PROPERTIES, INC.

Principal Place of Business
580 FRANKLIN AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address
P O BOX 418
ALTAMONTE SPRINGS FL 32715
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 150418

Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FL

4. FEI Number **59-3273617**

Applied For
 Not Applicable

City & State
ALTAMONTE SPRINGS, FL

Zip
32715-0418

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

COCKMAN, GREGORY S
580 FRANKLIN AVENUE
ALTAMONTE SPRINGS FL 32714-0

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
COCKMAN, GREGORY S
580 FRANKLYN AVENUE
ALTAMONTE SPRINGS FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
FOWLER, JAMES W
8695 N.W. 64TH STREET
MIAMI FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
JAMES BREEDING
580 FRANKLIN AVENUE
ALTAMONTE SPRINGS FL
☒ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
GREGORY S. COCKMAN

9/5/02

407-669-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

871442

#P94000075598

STR PROPERTIES, INC.

PO. Box 150418
Altamonte Springs, Fl. 32715-0418

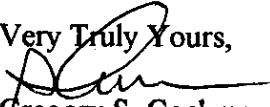
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

September 5, 2002

Dear Sirs:

Please consider this letter our formal request that the \$400 late filing fee be waived as we do not show any record of having received the prior business report package. Thank you in advance for your favorable consideration.

Very Truly Yours,


Gregory S. Cockman
President