

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90054 048 ***150.00

DOCUMENT # P95000022597

1. Entity Name

THE STRAND DEVELOPMENT CORPORATION OF NAPLES

Principal Place of Business

% RENEE TOLSON
10621 AIRPORT PULLING ROAD N., SUITE 1
NAPLES FL 34104
US

Mailing Address

C/O RENEE FOLSOM
10621 AIRPORT PULLING ROAD N., SUITE 1
NAPLES FL 34109-1599
US

2. Principal Place of Business

5645 STRAND BLVD
Suite, Apt. #, etc.
#3

3. Mailing Address

5645 Strand Blvd
Suite, Apt. #, etc.
#3



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES F

4. FEI Number

65-0567795

Applied For
Not Applicable

Zip

34110

Country

US

Zip

34110

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOBLEY, DAVID M SR
10621 AIRPORT RD. N.
STE. 1
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name **Leo Salvatori**

Street Address (P.O. Box Number is Not Acceptable)

4501 S. Miami Trail N
STE 300

City

Naples

FL

Zip Code **34103**

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, 2000 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 **VD** ☐ Delete
NAME **HARDEY, PAUL**
STREET ADDRESS **10621 AIRPORT RD. N. STE. 1**
CITY-ST-ZIP **NAPLES FL**

TITLE **ST** ☐ Delete
NAME **TOLSON, RENEE**
STREET ADDRESS **10621 AIRPORT RD. N., STE. 1**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Additor
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CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #