

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024485

1. Entity Name

CENTRAL STROUD GROUP, INC.

APPROVED  
AND  
FILED

00 MAY -1 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2112 NORTH 15TH STREET, SUITE 101  
TAMPA FL 33605

2112 NORTH 15TH STREET, SUITE 101  
TAMPA FL 33605-3648

2. Principal Place of Business

3. Mailing Address

2109 E. Palm Avenue  
Suite 206  
Tampa, FL 33206

2109 E. Palm Avenue  
Suite 206  
Tampa, FL 33206

City & State  
Tampa, FL 33206  
Zip  
33206  
Country  
U.S.A.

City & State  
Tampa, FL 33206  
Zip  
33206  
Country  
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367038

Applied For  
Not Applicable

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

MCMULLEN, THOMAS J JR.  
2112 NORTH 15TH STREET, SUITE 101  
TAMPA FL 33605

Name  
McMullen, Thomas J. Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
2109 E. Palm Avenue, Suite 206  
City Tampa FL Zip Code 33605

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 Thomas J. McMullen, Jr. DATE 4-28-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMULLEN, JR., THOMAS J 2112 NORTH 15TH STREET, SUITE 101 TAMPA FL 33605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPARR, MICHAEL D 2112 NORTH 15TH STREET, SUITE 101 TAMPA FL 33605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.S.T. McMullen, Jr. Thomas J. 2109 E. Palm Avenue, Suite 206 Tampa, FL 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003260535--9 -05/19/00--01127--003 ****158.75 ****158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas J. McMullen, Jr. President Date 4-28-00 Daytime Phone # 813-247-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0417487

CR2E034 (9/99)