

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90233 036 ***150.00

DOCUMENT # P95000057960

1. Entity Name
STRANDEK INTERNATIONAL, INC.



Principal Place of Business
455 NO INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

Mailing Address
455 NO INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

2. Principal Place of Business
10225 ULMERTON Rd.
Suite, Apt. #, etc.
Suite 3D

3. Mailing Address
10225 ULMERTON Rd.
Suite, Apt. #, etc.
Suite 3D

City & State
Largo, FL

City & State
Largo, FL

Zip
33771

Country
USA

Zip
33771

Country
USA

4. FEI Number **65-0599898**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

ARSENault, KENNETH
10225 ULMERTON RD
STE 2
LARGO FL 33771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BUCKLES, WILLIAM G 455 NO INDIAN ROCKS RD BELLEAIR BLUFFS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELTMAN, DAVID M 455 NO INDIAN ROCKS RD BELLEAIR BLUFFS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALM, PHIL 455 INDIAN ROCKS RD BELLAIR BLUFFS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAUMAN, JEROME 2294 NW 55TH ST BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELTMAN, GREG D 455 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10225 Ulmerton Rd., #3D Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10225 Ulmerton Rd., #3D Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10225 Ulmerton Rd., #3D Largo, FL 33771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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**

3/17/03

Daytime Phone #

CR2E034 (10/02)