

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P95000066773**

1. Entity Name

STRONG INVESTMENT CORPORATION

Principal Place of Business

**2649 KINNON DR
ORLANDO, FL 32817
US**

Mailing Address

**2649 KINNON DR.
ORLANDO, FL 32817
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3336866

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRONG, BRIAN E
2649 KINNON DR.
ORLANDO, FL 32817**

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

**FILE NOW!!! FEE IS \$38.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRONG, BRIAN E.	
STREET ADDRESS	2649 KINNON DR.	
CITY-ST-ZIP	ORLANDO, FL 32817	

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

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

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

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

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

10. ADDITIONS/CHANGES

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		

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		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Brian E. Strong** **BRIAN E. STRONG, PD** **8/24/01** **407-207-6416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

Attachment
A0086717

Doc#

P 95000066773

DIVISION OF CORPORATIONS
409 E. GAINES ST.
TALLAHASSEE, FL 32399

9-10-01

DEAR SIRs,

WHILE WORKING OUT MY CORPORATE TAX RETURN WITH
MY ACCOUNTANT, I REALIZED THAT I HAD NOT RECEIVED
A 'UNIFORM BUSINESS REPORT' FORM FOR 2001.

FORTUNATELY MY ACCOUNTANT HAD A BLANK FORM THAT
I COULD USE, (ENCLOSED)

I HOPE THIS FORM IS SATISFACTORY FOR YOUR USE.

ALSO ENCLOSED IS THE CORPORATION REPORT FEE OF \$150.00.

I ASSUME IT HAS NOT CHANGED FROM LAST YEAR.

THANK YOU FOR YOUR ATTENTION.

SINCERELY,

Brian Strong

BRIAN STRONG - PRESIDENT

"STRONG INVESTMENT CORPORATION"

2649 KINNON DR.

ORLANDO, FL 32817

(407)-207-6416

ETW#

FEI# 59-3936866