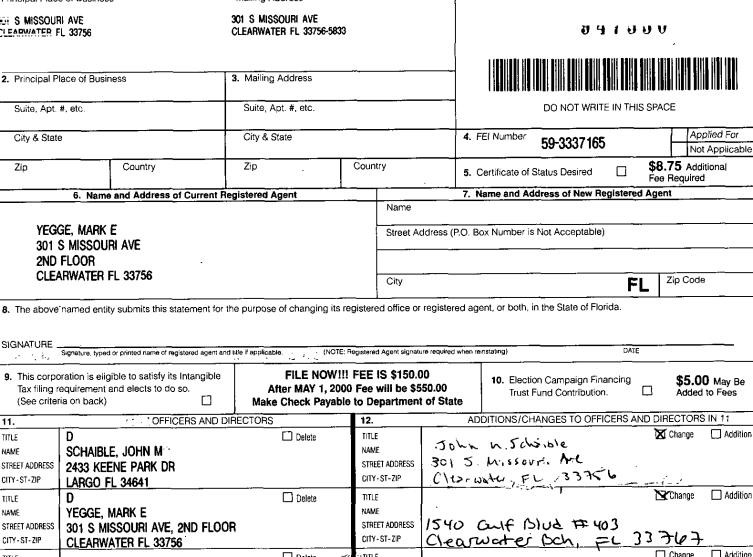
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000069162 STRATEGIC PROPERTIES, INC. Principal Place of Business Mailing Address ₩ S MISSOURI AVE 301 S MISSOURI AVE CLEARWATER FL 33756-5833 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90090 001 ***150.00



11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAIBLE, JOHN M 2433 KEENE PARK DR LARGO FL 34641	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John n. Schible 301 J. Missouri Are Clearwater, FL 33756	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEGGE, MARK E 301 S MISSOURI AVE, 2ND FLOOR CLEARWATER FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1540 auf Blue # 403 Clearwater Och, =1 3	SChange 3 → 4 →	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ~	"-TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Name

City

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:

City & State

YEGGE, MARK E

2ND FLOOR

(See criteria on back)

301 S MISSOURI AVE

CLEARWATER FL 33756

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Zip

SIGNATURE

OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #