

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90012 045 \*\*\*150.00

**DOCUMENT # P95000071909**

**1. Entity Name**  
**STRATEGIC DIALOGUES, INC.**

**Principal Place of Business**

**8802 FAZIO CT  
TAMPA FL 33647**

**Mailing Address**

**8802 FAZIO CT  
TAMPA FL 33647**

**2. Principal Place of Business**

**5307 WITHAM COURT**

Suite, Apt. #, etc.

**3. Mailing Address**

**SAME**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**59-3343681**

**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**

**K.W. COLE, CPA, PA  
12101 N. 56TH ST  
STE 4  
TAMPA FL 33617**

**Name**

**K.W. COLE, CPA, LLC**

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

**17803 HICKORY MOSS PL.**

**City**

**TAMPA**

**FL**

**Zip Code**

**33647**

**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**

**7/29/01**

**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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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** **D** ☐ Delete  
**NAME** **LOCANDER, WILLIAM B**  
**STREET ADDRESS** **8802 FAZIO CT**  
**CITY-ST-ZIP** **TAMPA FL 33647**

**TITLE** ☐ Change ☐ Addition  
**NAME** **5307 WITHAMCOURT**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **LOCANDER, JANET F**  
**STREET ADDRESS** **8802 FAZIO CT**  
**CITY-ST-ZIP** **TAMPA FL 33647**

**TITLE** ☐ Change ☐ Addition  
**NAME** **5307 WITHAM COURT**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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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**

**8/22/01**

**(813) 979-6076**

CR2E034 (5/01)

Attachment  
D#P95000571909  
A0089656

August 22, 2001

Department of State  
2001 Uniform Business Report (UBR)

Dear Sir:

I am enclosing the check for our annual fee. This is the first notice that we received regarding this fee. We moved and we have been having trouble getting our mail. The post office was not forwarding our business mail. So, this notice is the first notice we received. We have never been late in previous years, and would not have been late had we realized this fee was due.

I hope this check for the \$150.00 will be sufficient. I am sorry for any inconvenience.

Please make sure our address is changed for future mail.

It is: Strategic Dialogues  
5307 Witham Court  
Tampa, Fl. 33647

Phone: (813) 979-6076  
FEI: 59-3343681

Sincerely,



William B. Locander