

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033970

1. Entity Name

STRATEGIC LEADERSHIP, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90038 020 ***150.00

Principal Place of Business

Mailing Address

4822 TEA ROSE COURT
LUTZ FL 33549

4822 TEA ROSE COURT
LUTZ FL 33549-9005

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 59-3375761

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

STRAHL, BRUCE J
3001 BAY VILLA
TAMPA FL 33611

Name Strahl, Bruce J.

Street Address (P.O. Box Number is Not Acceptable)
4822 Tea Rose Ct.

City Lutz

FL

Zip Code 33549

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/15/2000

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 D ☐ Delete
NAME STRAHL, BRUCE J
STREET ADDRESS 3001 BAY VILLA
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☒ Change ☐ Addition
NAME Bruce Strahl
STREET ADDRESS 4822 Tea Rose Ct.
CITY-ST-ZIP Lutz, FL 33549

TITLE D ☐ Delete
NAME STRAHL, CAROLYN
STREET ADDRESS 3001 BAY VILLA
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☒ Change ☐ Addition
NAME Carolyn Strahl
STREET ADDRESS 4822 Tea Rose Ct.
CITY-ST-ZIP Lutz, FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/15/2000

DAYTIME PHONE # 813-926-1864

CR2E034 (9/99)