

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90743 045 ***158.75

DOCUMENT # P96000033970

1: Entity Name
STRATEGIC LEADERSHIP, INC.



Principal Place of Business
**4822 TEA ROSE COURT
LUTZ FL 33548**

Mailing Address
**4822 TEA ROSE COURT
LUTZ FL 33548**



2: Principal Place of Business
4822 TEA ROSE CT.

3: Mailing Address
4822 TEA ROSE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LUTZ, FL

City & State
LUTZ, FL

4: FEI Number **59-3375761**

Applied For
Not Applicable

Zip
33558

Country
USA

Zip
33558

Country
USA

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
4822 TEA ROSE CT
LUTZ FL 33548**

**NEW
ZIP
ONLY** →

Name
Strahl, Bruce J.

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

4822 TEA ROSE CT.

City
LUTZ

FL

Zip Code
33558

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

(NOTE: Registered Agent signature required when reinstating)

3/20/03
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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10: OFFICERS AND DIRECTORS

11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STRAHL, BRUCE J**
STREET ADDRESS **4822 TEA ROSE CT**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE **D** ☒ Change ☐ Addition
NAME **Bruce J. STRAHL**
STREET ADDRESS **4822 TEA ROSE CT**
CITY-ST-ZIP **LUTZ, FL 33558**

TITLE **D** ☐ Delete
NAME **STRAHL, CAROLYN**
STREET ADDRESS **4822 TEA ROSE CT**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE **D** ☒ Change ☐ Addition
NAME **Carolyn Strahl**
STREET ADDRESS **4822 Tea Rose Ct.**
CITY-ST-ZIP **LUTZ, FL 33558**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03
Date

8139261367
Daytime Phone #

CR2E034 (10/02)