

2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # P96000037003

1. Entity Name

STRATEGIC BUSINESS DEVELOPMENT, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-24-2000 90120 032 ***150.00

Principal Place of Business

3212 GOLDEN EAGLE LN
20
SARASOTA FL 34231
US

Mailing Address

P.O. BOX 20755
SARASOTA FL 34276-3755
US

2. Principal Place of Business

3212 Golden Eagle Ln
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20755
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0667595

Applied For

Not Applicable

Zip

34231

Country

Sarasota

Zip

34276

Country

Sarasota

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DVORAK, JO A
3212 GOLDEN EAGLE LN 20
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name: Pat McBride
Street Address (P.O. Box Number is Not Acceptable): 3212 Golden Eagle Lane
City: Sarasota FL Zip Code: 34231

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

Jo A. Dvorak Jo A. Dvorak

4-17-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	DVORAK, JO A	
STREET ADDRESS	3212 GOLDEN EAGLE LN 20	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PAT MCBRIDE	
STREET ADDRESS	3212 GOLDEN EAGLE LN 20	
CITY-ST-ZIP	SARASOTA FL 34231	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Treasurer - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P-R-S	<input checked="" 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		

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:

Jo A. Dvorak Jo A. Dvorak

4-17-00

941-921-0960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)