

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P96000044508**

1. Entity Name

STRICKLAND INSURANCE BROKERS - FLORIDA, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91324 028 ***150.00

Principal Place of Business

Mailing Address

C/O WILLIAM SCHUELKE
3355 CLAIRE LANE #1610
JACKSONVILLE FL 32223**P O DRAWER 2027**
GOLDSBORO NC 27533-2027
US**722423**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Charlotte, NC4. FEI Number **59-3391851**

Applied For

Not Applicable

Zip

Country

Zip

Country

28273**Mecklenburg**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

SCHUELKE, WILLIAM
3355 CLAIRE LANE, #1610
JACKSONVILLE FL 32223Name **Corporation Service Company**

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

1201 Hays StreetCity **Tallahassee****FL**Zip Code
32301

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.

Laura R. Dunlap
as its agent

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	POULIOT, JAMES R	9800 S MERIDIAN BLVD	ENGLEWOOD CO 80112	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	SPITZER, JUDY S	9 FARM SPRINGS DRIVE	FARMINGTON CT 06032	<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DSVP	WHEELER, JOYCE W	9300 ARROWPOINT BLVD	CHARLOTTE NC 28273	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPT	GOWEN, LAWRENCE W	9300 ARROWPOINT BLVD	CHARLOTTE NC 28273	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Judy S. Spitzer, Corp. Secretary 2/23/01 704-522-2841

Date

Daytime Phone #

CR2E034 (10/00)