

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
05-15-2001 90131 021 \*\*\*150.00

0545183

**DOCUMENT # P97000065551**

1. Entity Name

**STRADER LAWN CARE, INC.**

Principal Place of Business

**2715 MELGERT PLACE  
SARASOTA FL 34235**

Mailing Address

**2715 MELGERT PLACE  
SARASOTA FL 34235**

**00066244**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2816 GARRIOTT LN.**

3. Mailing Address

**2816 GARRIOTT LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL.**

City & State

**SARASOTA, FL.**

4. FEI Number

**65-0782806**

Applied For

Not Applicable

Zip

**34232**

Country

Zip

**34232**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, URA  
1220 S BRINK AVE  
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRADER, MARLIN S</b>	
STREET ADDRESS	<b>2715 MELGERT PLACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRADER, WANETA</b>	
STREET ADDRESS	<b>2715 MELGERT PLACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2816 GARRIOTT LN.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2816 GARRIOTT LN.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34232</b>	
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: Waneta Strader Waneta Strader 4-25-01 941-342-8659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)