

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076408

1. Entity Name
STRIP EASE COMPANY

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90390 037 ***150.00

Principal Place of Business

**2150 S NOVA RD
SOUTH DAYTONA FL 32119**

Mailing Address

**2150 S NOVA RD
SOUTH DAYTONA FL 32119**

2. Principal Place of Business

157 Gary Avenue

Suite, Apt. #, etc.

3. Mailing Address

157 Gary Avenue

Suite, Apt. #, etc.

City & State

Oak Hill, FL

City & State

Oak Hill, FL

4. FEI Number **59-3474920**

Applied For

Not Applicable

Zip **32759** Country **Volusia**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIEVEY, JANE D
221 BLANCHE PLACE
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

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

157 Gary Avenue

City **Oak Hill**

FL

Zip Code

32759

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 **Jane D. Rievey**

(NOTE: Registered Agent signature required when reinstating)

DATE

1 May 2001

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

TITLE **DPST** ☐ Delete
NAME **RIEVEY, JANE D**
STREET ADDRESS **221 BLANCHE PLACE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VD** ☐ Delete
NAME **RODRIGUEZ, ALFRED L**
STREET ADDRESS **221 BLANCHE PLACE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **157 Gary Avenue**
CITY-ST-ZIP **Oak Hill, FL 32759**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **157 Gary Avenue**
CITY-ST-ZIP **Oak Hill, FL 32759**

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)