

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90024 001 ***550.00
07-13-2000 90024 002 *****8.75

18290



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000002371

1. Entity Name
STRONG TIES, INC.

Principal Place of Business

2547 COUNTRYSIDE BLVD
SUITE 3 DOCKSIDE
CLEARWATER FL 33761
US

Mailing Address

1400 VERMONT AVE.
TARPON SPRINGS FL 34689

2. Principal Place of Business

1848 N. Pinellas Ave.

3. Mailing Address

1400 VERMONT AVE

Suite, Apt. #, etc.

Suites 4, 5, 6

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, Florida

City & State

TARPON SPRINGS, Fla.

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number 59-3495015

Applied For

Not Applicable

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

ROBINSON, SUSAN B
1400 VERMONT AVE.
TARPON SPRINGS FL 34689

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PD ROBINSON, CHARLES C 1400 VERMONT AVE TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTSD ROBINSON, SUSAN B 1400 VERMONT AVE TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

SUSAN B ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/00 (727) 943-8352
Daytime Phone #