

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002371

1. Entity Name

STRONG TIES, INC.

Principal Place of Business

1848 NORTH PINELLAS AVE  
STE 456  
TARPON SPRINGS FL 34689  
US

Mailing Address

1400 VERMONT AVE.  
TARPON SPRINGS FL 34689

2. Principal Place of Business

1848 NORTH PINELLAS AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FLA

City & State

Zip

34689

Country

USA

Country

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

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

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

TITLE PD  
NAME ROBINSON, CHARLES C  
STREET ADDRESS 1400 VERMONT AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE VTSD  
NAME ROBINSON, SUSAN B  
STREET ADDRESS 1400 VERMONT AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Susan Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN ROBINSON

Date

1/31/01

Daytime Phone #

(727) 943-8352

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90102 001 \*\*\*150.00

02-13-2001 90102 002 \*\*\*\*\*8.75

25904



DO NOT WRITE IN THIS SPACE

0428115

CR2E034 (10/00)