

03-11-2002 90078 013 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000015516**  
 1. Entity Name  
**STRATEGIC PRODUCTS, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**741 PINETREE DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**741 PINETREE DRIVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**INDIAN HARBOR BEACH, FL**

City & State  
**INDIAN HARBOR BEACH, FL**

Zip  
**32937**

Country  
**US**

Zip  
**32937**

Country  
**US**

4. FEI Number  
**59-3494380**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

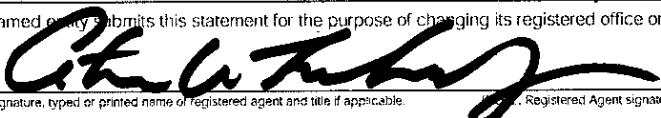
7. Name and Address of Current Registered Agent

Name  
**ARTHUR MARKUSON**

Street Address (P.O. Box Number is Not Acceptable)  
**18 MARINA ISLES BOULEVARD**

City  
**INDIAN HARBOR BEACH** **FL** Zip Code  
**32937**

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  **1/18/02**  
 Signature, typed or printed name of registered agent and title if applicable. 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)

January - May Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD ARTHUR MARKUSON 18 MARINA ISLES BLVD INDIAN HARBOR BEACH, FL 32937</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD GEORGIA HAZARD 18 MARINA ISLES BLVD INDIAN HARBOR BEACH, FL 32937</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD JEFFREY A. MARKUSON 537 DORADO WAY INDIAN HARBOR BEACH, FL 32937</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/18/02 321-773-4236**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)