

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020578

1. Entity Name

C.D. STRONG ENTERPRISES, INC.

R

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90016 012 \*\*\*150.00

Principal Place of Business

4523 NORMANDY DR.  
NAPLES FL 34112

Mailing Address

4523 NORMANDY DR.  
NAPLES FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0809323

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRONG, CHRISTOPHER D  
4523 NORMANDY DR.  
NAPLES FL 34112

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 ☐ Delete  
NAME D  
STREET ADDRESS STRONG, CHRISTOPHER D  
CITY-ST-ZIP 4523 NORMANDY DR.  
NAPLES FL 34112

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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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 (5/00)

Attachment  
# P9 8000020578  
A0078489

**Brigid D. Soldavini CPA, P.A.**

5455 Jaeger Road  
Naples, FL 34109  
OFFICE • 941-591-4747 • FAX 941-591-2991

September 11, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: C.D. Strong Enterprises, Inc.,  
Document #P98000020578  
Tax ID# 65-0809323

Dear Division of Corporations:

Enclosed is C.D. Strong Enterprises, Inc.'s 2000 Uniform Business Report. They did not receive the first business report issued earlier in the year therefore they did not realize that this document needed to be filed. When they received the second notice, it was already past the filing date.

We respectfully request that you waive the \$400 late filing fee. Although the taxpayer acknowledges that it is the responsibility of the corporation to file this report annually, there was certainly no intentional disregard for this requirement. The taxpayer will understand that future reports are due in May and will obtain the appropriate form for filing regardless of whether one is received by mail. Your help on this matter will be greatly appreciated.

Enclosed is a check for \$150 and C.D. Strong Enterprises, Inc. completed business report. If you have any questions, please do not hesitate to call me at (941) 591-4747. Thank you for your help.

Sincerely,



Cathy Caldwell  
BRIGID D. SOLDVINI CPA, P.A.