

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90108 036 \*\*\*150.00

DOCUMENT # **P 980000291.75**

1. Entity Name

**THE STRAN GROUP, INC**

Principal Place of Business

Mailing Address

**251 CENTRAL PK DR 1315 N New York Ave**  
**SANFORD FL WINTER PK FL**  
**32771 32789**

**A0026215**

2. Principal Place of Business

**251 CENTRAL PK DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**1315 N NEW YORK AVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**SANFORD FL**

City & State  
**WINTER PARK FL**

4. FEI Number  
**59-3508994**

Applied For  
 Not Applicable

Zip  
**32771** Country  
**USA**

Zip  
**32789** Country  
**USA**

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

6. Name and Address of Current Registered Agent

**WOLF, STEVEN E**  
**1315 N NEW YORK AVE**  
**WINTER PARK FL**  
**32789**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D STEVEN E WOLF</b>
STREET ADDRESS	<b>1315 N NEW YORK AVE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D JAMES R MILLER</b>
STREET ADDRESS	<b>1315 N NEW YORK AVE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Address Change ONLY</b>
STREET ADDRESS	<b>OFFICERS + DIRS SAME</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (11/00)

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:

**STEVEN E WOLF (STEVEN E WOLF)**

**2/19/01 407 7400786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #