

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90210 018 ***150.00

DOCUMENT # P98000030090



1. Entity Name
STRICKLAND AUTOMOTIVE, INC.

Principal Place of Business
~~3829 N COUNTY RD 427~~
LONGWOOD FL 32750

Mailing Address
~~3829 N COUNTY RD 427~~
LONGWOOD FL 32750

2. Principal Place of Business
920 Silkwood Ct.

3. Mailing Address
920 Silkwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, Fl.

City & State
Longwood, Fl.

4. FEI Number
59-3598495

Applied For
Not Applicable

Zip Country
32750 Seminole

Zip Country
32750 Seminole

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRICKLAND, RYAN L
~~3829 N COUNTY RD 427~~ **920 Silkwood Ct.**
LONGWOOD FL 32750

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, CARL A	
STREET ADDRESS	400 ALLEN RD	
CITY-ST-ZIP	LENOIR CITY TN 37772	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRICKLAND, RYAN L	
STREET ADDRESS	1675 W. BROADWAY ST	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like powers.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17-03
Date Daytime Phone #

CR2E034 (10/02)