

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90032 001 ***158.75

DOCUMENT # P98000061529

1. Entity Name

STRONG & STRONG ENTERPRISES, INC.

Principal Place of Business

**979 OLD BARN RD
 ORLANDO FL 32825**

Mailing Address

**979 OLD BARN RD
 ORLANDO FL 32825**

2. Principal Place of Business

11590 NE 107th PI

3. Mailing Address

PO BOX 143112

Suite, Apt. #, etc.

Archer, FL 32618

Suite, Apt. #, etc.

Gainesville, FL

City & State

City & State

4. FEI Number

59-3522961

Applied For

Not Applicable

Zip

Country

32618

USA

Zip

Country

32614

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMSON, KENNETH B
 101 SOUTHHALL LANE, SUITE 400
 MAITLAND FL 32751**

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, 2002 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 **V** ☐ Delete
 NAME **STRONG, DARLENE M**
 STREET ADDRESS **979 OLD BARN RD**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **P** ☐ Delete
 NAME **STRONG, JEFFERY R**
 STREET ADDRESS **979 OLD BARN ROAD**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **STRONG, Darlene M**
 STREET ADDRESS **PO BOX 143112**
 CITY-ST-ZIP **Gainesville, FL 32614**

TITLE **President** ☒ Change ☐ Addition
 NAME **STRONG, Darlene M + JEFFERY R.**
 STREET ADDRESS **PO BOX 143112**
 CITY-ST-ZIP **Gainesville, FL 32614**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

Darlene M Strong

2/5/02

352-318-4289

Date

Daytime Phone #

CR2E034 (9/01)