

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90090 001 *****8.75
04-22-2003 90090 002 ***150.00

DOCUMENT # P98000061529

1. Entity Name
STRONG & STRONG ENTERPRISES, INC.



Principal Place of Business
**4590 NE 107TH PL
ARCHER FL 32618**

Mailing Address
**P.O. BOX 143112
GAINESVILLE FL 32614**



2. Principal Place of Business
11590 NE 107 PL

Suite, Apt. #, etc.
Archer FL

City & State
32618 USA

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3522961**

Applied For
Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	SP	<input type="checkbox"/> Delete
NAME	STRONG, DARLENE M	
STREET ADDRESS	P.O. BOX 143112	
CITY-ST-ZIP	GAINESVILLE FL 32614	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffery R. Strong	
STREET ADDRESS	11590 NE 107 PL	
CITY-ST-ZIP	Archer FL 32618	
TITLE	S/T (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darlene Strong	
STREET ADDRESS	11590 NE 107 PL, Archer FL 32618	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William D. Dawson	
STREET ADDRESS	11650 NE 107 PL, Archer FL 32618	
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		

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 both of the empowered.

SIGNATURE:

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

DARLENE M. STRONG

4-16-03

352-318-4299

Date Daytime Phone #

CR2E034 (10/02)