

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90095 001 ***300.00

DOCUMENT # P98000063215 ✓

1. Entity Name
STRATEGIES PLUS, INC.

Principal Place of Business Mailing Address
1706 S KINGS AVE **SAME**
BRANDON FL 33511-6216

10 / 00

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3531379 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HOWARD C. TOMPKINS, II

7. Name and Address of New Registered Agent
 Name
H. CHRISTOPHER TOMPKINS, II
 Street Address (P.O. Box Number is Not Acceptable)
1706 S KINGS AVE
 City State Zip Code
BRANDON **FL** **33511-6216**

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 *H. Christopher Tompkins, II* DATE 04/30/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	DS	<input type="checkbox"/> Delete
NAME	PADRON, ANNA R,	
STREET ADDRESS	3000 NW 30th ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TOMPKINS, ELIZABETH PADRON	
STREET ADDRESS	1706 S KINGS AVE	
CITY-ST-ZIP	BRANDON, FL 33511-6216	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	TOMPKINS, HOWARD C II	
STREET ADDRESS	1706 S KINGS AVE	
CITY-ST-ZIP	BRANDON, FL 33511-6216	
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 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		
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		

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 an other like empowered.

SIGNATURE *H. Christopher Tompkins, II* Date 04/30/2000 Daytime Phone # 813-685-7564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)