

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000063215** ✓

1. Entity Name

STRATEGIES PLUS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 888
BRANDON FL 33509

2. Principal Place of Business

1706 SOUTH KINGS AVE

3. Mailing Address

P.O. BOX 888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FLORIDA

4. FEI Number

59-3531379

Applied For

Not Applicable

Zip

33511-6216

Country

USA

Zip

33509-0888

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, H. CHRISTOPHER II
1760 S. KINGS AVE.
BRANDON FL 33511-6216

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 reappointing)

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 NAME STREET ADDRESS CITY - ST - ZIP	BS PADRON, ANNA R. 3000 NW 30th ST MIAMI, FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD T TOMPKINS, H. CHRISTOPHER II 1706 S. KINGS AVE. BRANDON FL 33511-6216	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TOMPKINS, H. CHRISTOPHER II	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOMPKINS, ELIZABETH PADRON 1706 SOUTH KINGS AVE BRANDON, FL 33511-6216	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *H. Christopher Tompkins II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

Date

813.683.7569

Printed Name

Ext. 111

CR2E034 (10/00)