

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90470 045 ***150.00

0046865 AV

DOCUMENT # P98000079193

1. Entity Name

STRATEN ENTERPRISES OF BAY COUNTY, INC.

Principal Place of Business Mailing Address → **STRATEN ENTERPRISES**
2804 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444
~~439 GRACE AVE~~ ~~PANAMA CITY FL 32401~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2804 COUNTRY CLUB DRIVE**
 Suite, Apt. #, etc.

3. Mailing Address **2804 COUNTRY CLUB DR.**
 Suite, Apt. #, etc.

City & State **LYNN HAVEN, FL**

City & State **LYNN HAVEN, FL**

4. FEI Number **59-3536013**

Applied For
 Not Applicable

Zip **32444**

Country **USA**

Zip **32444**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRATEN, HARALD
439 GRACE AVE
PANAMA CITY FL 32444
2804 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

Name **HARALD STRATEN**

Street Address (P.O. Box Number is Not Acceptable)

2804 COUNTRY CLUB DRIVE

City **LYNN HAVEN** **FL** Zip Code **32444**

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 **HARALD STRATEN, PRESIDENT** **J. L. Owen** **4-2-02**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRATEN, HARALD 439 GRACE AVE PANAMA CITY FL 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STRATEN, HARALD 2804 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **J. L. Owen** **HARALD STRATEN** **4-2-02** **850-265-3400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)