

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90151 048 ***150.00

DOCUMENT # P98000105138

1. Entity Name

STROSNIDER ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7331 CRILL AVE

3. Mailing Address
7331 CRILL AVE

Suite, Apt. #, etc.
#11

Suite, Apt. #, etc.
#11

DO NOT WRITE IN THIS SPACE

City & State
PALATKA FL

City & State
PALATKA FL

4. FEI Number
59-3547827

Applied For
Not Applicable

Zip
32177

Country
PUTNAM

Zip
32177

Country
PUTNAM

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
STROSNIDER, EMERSON

Street Address (P.O. Box Number is Not Acceptable)
7331 CRILL AVE #11

City PALATKA **FL** **Zip Code** 32177

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.

(NO IL: 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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to: Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PVST	STROSNIDER, EMERSON	
	7331 CRILL AVE #11		
	PALATKA FL 32177		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Emerson Strosnider Emerson Strosnider

4-25-02

386-325-9661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)