

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0019672 AV

DOCUMENT # P98000108332

1. Entity Name
STRASSER ORMOND PROPERTIES, INC.

03-14-2002 90049 042 ***150.00

Principal Place of Business

**1042 NORTH U.S. HWY. 1
 ORMOND BEACH FL 32174**

Mailing Address

**1200 JOHN ANDERSON DRIVE
 ORMOND BEACH FL 32176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 S. Orchard St

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

4. FEI Number

59-3562030

Applied For

Not Applicable

Zip

32176

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STRASSER, CHARLES H
 1200 JOHN ANDERSON DRIVE
 ORMOND BEACH FL 32176**

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 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

TITLE **PST** ☐ Delete
 NAME **STRASSER, CHARLES H**
 STREET ADDRESS **1200 JOHN ANDERSON DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **VP** ☐ Delete
 NAME **STRASSER, SCOTT B**
 STREET ADDRESS **434 S. BEACH STREET**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/02 (386)673-7007
 Date Daytime Phone #

CR2E034 (9/01)