

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90345 028 ***150.00

DOCUMENT # P99000051425

1. Entity Name
STRATEGIC DEVELOPMENT CONSULTANTS, INC.

Principal Place of Business
**1250 SOUTH TROPICAL TR
 MERRITT ISLAND FL 32952**

Mailing Address
**1250 SOUTH TROPICAL TR
 MERRITT ISLAND FL 32952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3577889**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CAUSEY, REGINA M
 1250 SOUTH TROPICAL TR
 MERRITT ISLAND FL 32952**

Name **Regina M. Schwantz**
 Street Address (P.O. Box Numbers Not Acceptable) **1250 S. Tropical Trail**
Merritt Island
 City **FL 32952**

8. The above named entity hereby certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

4/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CAUSEY, REGINA M 1250 SOUTH TROPICAL TR MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
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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, changed, or on an attachment with an address, with an authorized empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 3214534063

CR2E034 (10/00)