

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 037 ***158.75

DOCUMENT # **P99000079042**

1. Entity Name

Strickland Contracting, Inc.

DO NOT WRITE IN THIS SPACE

662918

2. Principal Place of Business

316 SE 29 Ave

Suite, Apt. #, etc.

3. Mailing Address

316 SE 29 Ave

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34471

Country

Zip

34471

Country

4. FEI Number

59-3622905

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Tucci, Gregory E.

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

225 NE 8th Avenue

City

Ocala

FL

Zip Code

34470

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

Annual May 1 Fee is \$550.00

Amended UBR is \$81.25

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	D
NAME	Strickland, JoAnn
STREET ADDRESS	316 SE 29 Ave, Ocala, FL
CITY - ST - ZIP	34471
TITLE	D
NAME	Strickland, Steven
STREET ADDRESS	316 SE 29 Ave
CITY - ST - ZIP	Ocala, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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**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

JoAnn Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 352-694-1632

Date

Daytime Phone #

CR2E034B (12/01)