

10 Apr. 2000 17:49 C.O.P. +420 2 90057770
DOCUMENT # F99000079521

1. Entity Name

STRALFORS, INC.

Principal Place of Business

Mailing Address

1505 S.E. 40 STREET, STE.C
CAPE CORAL FL 33904

1505 S.E. 40 STREET, STE.C
CAPE CORAL FL 33904-7913

2. Principal Place of Business

2221 SW 43rd Lane

Suite, Apt. #, etc.

3. Mailing Address

2221 SW 43rd Lane

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

USA

City & State

Cape Coral, FL

Zip

33914

Country

USA

4. FEI Number

65-0962500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Pennylyn A. Trealout, CPA

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

1100 Pondella Road, Unit # 514

City

North Fort Myers

FL

Zip Code

33903

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

Pennylyn A. Trealout, CPA POA *Pennylyn A. Trealout, CPA*

4-26-00

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSO	☐ Delete
NAME	PACT, VLADIMIR	
STREET ADDRESS	1505 S.E. 40 STREET, STE.C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	☐ Delete
NAME	NIKOLAJEV, MICHAL	
STREET ADDRESS	1505 S.E. 40 STREET, STE.C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSO	☒ Change ☐ Addition
NAME	PACT, Vladimir	
STREET ADDRESS	2221 SW 43rd Lane	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	TD	☒ Change ☐ Addition
NAME	Nikolajev, Michal	
STREET ADDRESS	2221 SW 43rd Lane	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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:

Pennylyn A. Trealout, CPA
Pennylyn A. Trealout, CPA POA

4-26-00

(941) 458-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

52a

52b, 52c, 52d, 52e, 52f, 52g, 52h, 52i, 52j, 52k, 52l, 52m, 52n, 52o, 52p, 52q, 52r, 52s, 52t, 52u, 52v, 52w, 52x, 52y, 52z

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90006 032 ***150.00

DO NOT WRITE IN THIS SPACE