

2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P99000082754

1. Entity Name
Strategic Sites, Inc.

FILED

00 AUG 30 PM 1:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**c/o Olesiewicz & DeAquino
2101 W Commercial Blvd
Suite 4800
Fort Lauderdale, FL 33309**

Mailing Address
**c/o Olesiewicz & DeAquino
2101 W Commercial Blvd
Suite 4800
Fort Lauderdale, FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-21724011

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

**Forman, Robert S. Esquire
2101 W Commercial Boulevard
Suite 4100
Fort Lauderdale, FL 33309**

Name

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

200003390792--2

-09/13/00--01007--007

*******61.25 *****61.25**

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, 2000 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 **P** ☒ Delete
NAME **W Scot Lloyd**
STREET ADDRESS **335 Harvest Row Court**
CITY-ST-ZIP **Cary, NC 27513**

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

TITLE **VPST** ☐ Delete
NAME **Bruce P King Sr**
STREET ADDRESS **902 Spring Valley Rd**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **P** ☐ Change ☒ Addition
NAME **Bruce P King Sr**
STREET ADDRESS **902 Spring Valley Road**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

B. Bruce King, Sr.
Bruce P. King, Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00 (407) 246-1963

Date

Daytime Phone #

CR2E034 (9/99)

SP