

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90056 005 ***150.00

DOCUMENT # P99000085435

1. Entity Name

STRIKE FORCE LIGHTNING RODS, INC.

Principal Place of Business

530 HARBOUR LIGHTS DR.
ORMOND BEACH FL 32174

Mailing Address

530 HARBOUR LIGHTS DR. 2 Bent Stream Way
ORMOND BEACH FL 32174

2. Principal Place of Business

2 Bent Stream Way
Suite, Apt. #, etc.

3. Mailing Address

2 Bent Stream Way
Suite, Apt. #, etc.

City & State

Ormond Beach FL 32174

City & State

Ormond Beach FL

4. FEI Number

59-3601266

Applied For

Not Applicable

Zip

Country

32174 Volusia

Zip

Country

32174 Volusia

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

BONO, MICHAEL G

530 HARBOUR LIGHTS DR. 2 Bent Stream Way
ORMOND BEACH FL 32174

Name

Michael G. Bono

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

2 Bent Stream Way

City

Ormond Beach

FL

Zip Code

32174

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

Michael G. Bono Pres.

Michael G. Bono Pres 2/10/01

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, 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 P
NAME BONO, MICHAEL G
STREET ADDRESS 530 HARBOUR LIGHTS DR. 2 Bent Stream Way
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE P
NAME Bono, Michael G
STREET ADDRESS 2 Bent Stream Way
CITY-ST-ZIP Ormond Beach FL 32174

TITLE VP
NAME FAVALE, VINCENT
STREET ADDRESS 1080 LANDERS STREET
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE
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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 like empowered.

SIGNATURE:

Michael G. Bono Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

904-671-9855

Daytime Phone #

CR2E034 (10/00)