

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088743

1. Entity Name

STRATEGIC PARTNERS GROUP, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90350 003 ***150.00

Principal Place of Business

P.O. BOX 19053
SARASOTA FL 34276-2053

Mailing Address

P.O. BOX 19053
SARASOTA FL 34276-2053

2. Principal Place of Business

4768 SWEET MEADOW CIR
Suite, Apt. #, etc.

3. Mailing Address

3412 CLARK RD
Suite, Apt. #, etc.
230

City & State
SARASOTA FL

Zip
34238

Country
USA

City & State
SARASOTA FL

Zip
34231

Country
USA

4. FEI Number

65-0958448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EREZ, HOLLY K
4768 SWEET MEADOW CIRCLE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

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

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, 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	DIMITRY V. EREZ
CITY-ST-ZIP	4768 SWEET MEADOW CIR. SARASOTA, FL 34238
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. PRESIDENT
STREET ADDRESS	HOLLY K. EREZ
CITY-ST-ZIP	4768 SWEET MEADOW CIR SARASOTA, FL 34238
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

941-9214779

Daytime Phone #

CR2E034 (9/99)