

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90978 045 ***150.00

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DOCUMENT # P99000088743

1. Entity Name

STRATEGIC PARTNERS GROUP, INC.



Principal Place of Business

1939 S. ORANGE AVE
SARASOTA FL 34239
US

Mailing Address

4808 S. TAMiami TRAIL
SUITE 140
SARASOTA FL 34231
US

2. Principal Place of Business

1939 S. Orange Ave

3. Mailing Address

3412 Clark Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

230

City & State

Sarasota FL

City & State

Sarasota

Zip

34239

Country

USA

Zip

34231

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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
1939 S. ORANGE AVE
SARASOTA FL 34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Holly K. Erez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-27-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KULSCAR, JR, JOSPEH T
5719 RENZO LANE
SARASOTA FL 34243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Holly K. Erez
1939 S. Orange Ave
Sarasota FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
E.V. President
Dimitry V. Erez
1939 S. Orange Ave
Sarasota FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Holly K. Erez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03

Date

941-954-0365

Daytime Phone #

CR2E034 (10/02)