

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090842

1. Entity Name  
THE STRATTON GROUP, INC.

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90038 014 \*\*\*550.00

Principal Place of Business

16531 OLEY RIDGE CT  
TAMPA FL 33624

Mailing Address

16531 OLEY RIDGE CT  
TAMPA FL 33624

2. Principal Place of Business

10045 E. ADAMO DR  
Suite, Apt. #, etc.

3. Mailing Address

10045 E ADAMO DR  
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

593604288

Applied For

Not Applicable

Zip

33619

Country

USA

Zip

33619

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, MICHAEL E  
~~16531 OLEY RIDGE CT~~ 10045 E. ADAMO DR  
TAMPA FL ~~33624~~ 33619

7. Name and Address of New Registered Agent

Name MICHAEL GOMEZ  
Street Address (P.O. Box Number is Not Acceptable)  
10045 EAST ADAMO DR  
City TAMPA FL Zip Code 33619

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	GOMEZ, MICHAEL E	
STREET ADDRESS	<del>16531 OLEY RIDGE CT</del> 10045 EAST ADAMO DR	
CITY-ST-ZIP	<del>TAMPA FL 33624</del> TAMPA FL 33619	
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 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
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00

813 661-6670

Date

Daytime Phone #

CR2E034 (5/00)