

2001 UNIFORM BUSINESS REPORT (UBR)

NIC
FLP
3/10/01
WAB

FILED

01 SEP -4 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 999000095327 Amended
1. Entity Name
Struedect, Inc. \$35.00

Principal Place of Business Mailing Address
9021 Baywood Park Dr.
Seminole, FL 33777

2. Principal Place of Business Same 3. Mailing Address Same

Suite, Apt. #, etc. City & State

Zip Country

4. FEI Number 59-360-7938 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Carole B. Doorn
9021 Baywood Park Dr.
Seminole, FL 33777

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 Carole B. Doorn Carole B. Doorn 8-3-01
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)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	<u>Carole Babb Doorn</u> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	<u>Vice Pres., Secretary</u>
CITY-ST-ZIP	<u>9021 Baywood Park Dr.</u>
TITLE NAME	<u>President, Carole Babb Doorn</u> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	<u>Dennis D. Carroll</u>
CITY-ST-ZIP	<u>9021 Seminole, FL 33777</u>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>Carole Babb Doorn</u>
CITY-ST-ZIP	<u>9021 Baywood Park Dr.</u>
TITLE NAME	<u>Treasurer</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>Dennis D. Carroll</u>
CITY-ST-ZIP	<u>9021 Baywood Park Dr. FL</u>
TITLE NAME	<u>Secretary</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>Mrs. Patricia Carroll</u>
CITY-ST-ZIP	<u>9021 Baywood Park Dr.</u>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>LS</u>
CITY-ST-ZIP	<u>500004586385--4</u>
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>-09/13/01--01006--019</u>
CITY-ST-ZIP	<u>*****51.25 *****61.25</u>

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: Carole Babb Doorn 8-4-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)