

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-03-2001 91003 017 ***158.75

DOCUMENT # P99000099238

1. Entity Name

STRATEGIC PLACEMENT VENTURES, INC.

Principal Place of Business

1549 RINGLING BLVD., STE 602
 SARASOTA FL 32301-2607
 US

Mailing Address

1549 RINGLING BLVD., STE 602
 SARASOTA FL 32301-2607
 US

2. Principal Place of Business

533 S. Howard Ave

3. Mailing Address

533 S. Howard Ave

Suite, Apt. #, etc.

PMB #853

Suite, Apt. #, etc.

PMB #853

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA



DO NOT WRITE IN THIS SPACE

59-3712952

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUSCO, STEPHEN M
 1549 RINGLING BLVD., STE 602
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

RIVERSON S. LEONARD
 Street Address (P.O. Box Number is Not Acceptable)
 533 S. Howard Ave PMB #853
 Tampa FL 33606

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 RIVERSON S. LEONARD

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

NOTE: Registered Agent signature required when reinstating.

DATE

4/20/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEONARD, RIVERSON S JR 533 S HOWARD AVE, PMB #853 TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: RIVERSON S. LEONARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 727 480 9080

Date

Daytime Phone #

CR2E034 (10/00)