

2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110457

1. Entity Name

STRATEGIC FUNDING RESOURCES, INC.

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 003 ***150.00

Principal Place of Business

Mailing Address

10457 SE BANYAN WAY
 TEQUESTA FL 33469

10457 SE BANYAN WAY
 TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, R SETH
 37041 E MERIDIAN AVE
 DADE CITY FL 33525

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 of officer or director, or registered agent, and state if applicable)

(NOTE: If signature is a print name, it must be in all caps)

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 \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	FAGAN, JOSEPH W	☐ Change ☐ Addition	
STREET ADDRESS	10457 SE BANYAN WAY	STREET ADDRESS	
CITY, ST, ZIP	TEQUESTA FL 33469	CITY, ST, ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
☐ Delete		☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 in an attachment with an address, with all other info empowered.

SIGNATURE:

(Signature and typed name of signing officer or director)

4/15/03 (61) 744-4495