

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S02028**

1. Entity Name

STRATHMORE CONTRACTING OF FLORIDA, INC.**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90219 031 ***150.00

Principal Place of Business

Mailing Address

5046 ORCHID BAY DR
PALM CITY FL 34990
USC/O A S MGMT
P O BOX 785
CENTERACH NY 11720-0785
US

2. Principal Place of Business

3. Mailing Address

5046 So Orchid Bay Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City FL

Zip

Country

Zip

Country

34990-8577

4. FEI Number

11-3031971

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

GOLDMAN, BRUNING & MILD
10570 S US HWY ONE
STE 300
PORT ST LUCIE FL 34952

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, 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 \$150.00**
After MAY-1, 2000, Fee will be \$550.00
Make Check Payable to Department of State10. 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE, ALFRED	NAME	
STREET ADDRESS	34500 CEDAR CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	HUSON MT	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL TRAPANI	NAME	
STREET ADDRESS	5046 ORCHID BAY DR	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW SEELIN	NAME	
STREET ADDRESS	8 MAGRET ST	STREET ADDRESS	
CITY-ST-ZIP	STONY BROOK NY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00