

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

03-25-2003 90068 031 ***150.00
08-06-2003 90056 003 ***150.00

DOCUMENT # V66916

1. Entity Name
W.F. STRICKLAND, INC.



Principal Place of Business
**1441 PALMER ST
MAYPORT FL 32233**

Mailing Address
**1441 PALMER ST
MAYPORT FL 32233**

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 **59-3143884**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRICKLAND, WILLIAM F III
1441 PALMER ST
MAYPORT FL 32233**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **STRICKLAND, WILLIAM F**
STREET ADDRESS **1441 PALMER ST**
CITY-ST-ZIP **MAYPORT FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STRICKLAND, WILLIAM F**
STREET ADDRESS **1441 PALMER ST**
CITY-ST-ZIP **MAYPORT FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. Strickland III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/03
Date

Daytime Phone #

CR2E034 (4/03)

W. F. Strickland Inc.
1441 Palmer Street
Mayport, Florida
32233

Attachment

166916

To Whom This May Concern,

~~I am writing to you to let you know that~~
this is the first notice that I have received for
payment of Annual Corp. Fees. I respectfully
ask for the late fee to be waived. You
will see that since incorporating we have
Never been late with any fees.

Sincerely,

William F. Strickland
President 