

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90048 004 ****61.25

DOCUMENT # 723077

1. Entity Name

HONEYBELLES, INCORPORATED

Principal Place of Business

13350 US HWY 19 N.
 CLEARWATER FL 34624-4290

Mailing Address

ROCKY HAGAN
 1000 SUEMAR RD
 DUNEDIN FL 34698
 US

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 **41-0415010**

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

HAGAN, ROCKY
 1000 SUEMAR RD
 DUNEDIN FL 34698

Name **ANN DIXON**

Street Address (P.O. Box Number is Not Acceptable)
1834 44TH ST. S.

ST. PETERSBURG

City

FL

Zip Code

33711

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **HAGAN, ROCKY R**
 STREET ADDRESS **1000 SUEMAR RD**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **PD** ☒ Change ☐ Addition
 NAME **ANN DIXON**
 STREET ADDRESS **1834 44TH ST. S.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE **VP** ☐ Delete
 NAME **HELD, BETTY L**
 STREET ADDRESS **1232 BALBOA CIRCLE**
 CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE **TD** ☐ Delete
 NAME **WELLINGTON, LONI**
 STREET ADDRESS **9064 LEISURE LANE NORTH**
 CITY-ST-ZIP **LARGO FL 33773**

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

TITLE **SD** ☐ Delete
 NAME **KETRING, JOANN**
 STREET ADDRESS **1000 SUEMAR RD**
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 617, 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:

Loni Wellington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-01 727-539-5224

CR2E037 (10/00)