

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90087 021 ***150.00

DOCUMENT # F98000004376

1. Entity Name
HARPSTRINGS, INC.

Principal Place of Business
917 SUMMER LAKES DRIVE
ORLANDO FL 32835

Mailing Address
917 SUMMER LAKES DRIVE
ORLANDO FL 32835

2. Principal Place of Business
2415 AMHERST AVE.
 Suite, Apt. #, etc.

3. Mailing Address
2415 AMHERST AVE.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL
Zip
32804
Country
USA

City & State
ORLANDO FL
Zip
32804
Country
USA

4. FEI Number
36-4157591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WAY, CATHERINE B
917 SUMMER LAKES DRIVE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2415 AMHERST AVE.

City
ORLANDO

FL

Zip Code
32804

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 *Catherine B. Way* **CATHERINE B. WAY** **4/21/02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPST ☐ Delete
WAY, CATHERINE B
917 SUMMER LAKES DRIVE
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
WAY, CATHERINE B
917 SUMMER LAKES DRIVE
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2415 AMHERST AVE.
ORLANDO FL 32804

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2415 AMHERST AVE.
ORLANDO FL 32804

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Catherine B. Way* **CATHERINE B. WAY** **4/21/02** **407 295-1082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)