

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90082 027 ***150.00

0601596

DOCUMENT # H95605

1. Entity Name
HONEYWORD, LTD., INC.

Principal Place of Business
3921 TOPSAIL DR
COLORADO SPRINGS CO 80918
US

Mailing Address
PO BOX 25189
COLORADO SPRINGS CO 80936 - 5189
US

C0021874



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2648499**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

80936-5189

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

COOPER, EMMETT
2204 EXMOOR RD
TAMPA FL 33629

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, 2001 Fee will be \$550.00
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

TITLE **VSTD** ☐ Delete
 NAME **COOPER, LEA M.**
 STREET ADDRESS **3921 TOPSAIL DR**
 CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

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

TITLE **D** ☐ Delete
 NAME **ANDERSON, JIM**
 STREET ADDRESS **1815 CRAIG RD**
 CITY-ST-ZIP **ARUADA CO 68803**

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

TITLE **D** ☐ Delete
 NAME **EMINETH, GARY**
 STREET ADDRESS **8142 EAST GRAY RD**
 CITY-ST-ZIP **SCOTTSDALE AZ 85260**

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

TITLE **CEO** ☐ Delete
 NAME **COOPER, EMMETT A.**
 STREET ADDRESS **3921 TOPSAIL DR**
 CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

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

TITLE **D** ☒ Delete
 NAME **HARPER, JAMES**
 STREET ADDRESS **2581 ORCHARD KNOB D**
 CITY-ST-ZIP **ATLANTA GA 30339**

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

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 #

2/5/01 719-579-9221

CR2E034 (10/00)