

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90105 041 \*\*\*150.00

**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**

2. Principal Place of Business

**34134 A-NICE-PLACE**

Suite, Apt. #, etc.

3. Mailing Address

**POST OFFICE BOX 1060**

Suite, Apt. #, etc.

City & State  
**DADE CITY, FL**

Zip  
**33523**

Country  
**USA**

City & State  
**SAN ANTONIO, FL**

Zip  
**33576-1060**

Country  
**USA**

4. FEI Number **59-2648499**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**COOPER, EMMETT  
31448 REED ROAD  
DADE CITY FL 33523**

## 7. Name and Address of New Registered Agent

Name  
**EMMETT COOPER**

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

**34134 A-NICE-PLACE**  
City **DADE CITY** FL **33523**

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.

**EMMETT COOPER**

(NOTE: Registered Agent signature required when reinstating)

**1/6/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**34134 A-NICE-PLACE**  
**DADE CITY, FL 33523**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 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 names empowered.

SIGNATURE:

**EMMETT COOPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-588-5288**

CR2E034 (10/02)