

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90074 042 ***150.00

DOCUMENT # K54562

1. Entity Name
STRING OF PEARLS, INC.



Principal Place of Business
P.O. BOX 524
TALLAHASSEE FL 32302
US

Mailing Address
P.O. BOX 524
TALLAHASSEE FL 32302
US

2. Principal Place of Business
37 Janet DR
Suite, Apt. #, etc.

3. Mailing Address
37 Janet DR
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Crawfordville FL
Zip
32327
Country
U.S.

City & State
Crawfordville FL
Zip
32327
Country
U.S.

4. FEI Number
59-2925896

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, RONNY DALE
1909 TOMBERLIN ROAD
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name
WAGNER, Ronny Dale
Street Address (P.O. Box Number is Not Acceptable)
37 Janet DR
City
Crawfordville FL Zip Code
32327

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 *Ronny D. Wagner* **Ronny D. Wagner** **1-16-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P	<input type="checkbox"/> Delete
NAME	WAGNER, RONNY D.	
STREET ADDRESS	1909 TOMBERLIN ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAGNER, JUSTIN	
STREET ADDRESS	1909 TOMBERLIN ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	T	<input type="checkbox"/> Delete
NAME	WAGNER, SHERI	
STREET ADDRESS	1909 TOMBERLIN ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, Ronny D	
STREET ADDRESS	37 Janet DR	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, Justin	
STREET ADDRESS	37 Janet DR	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, SHERI	
STREET ADDRESS	37 Janet DR	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ronny D. Wagner* **Ronny D. Wagner** **1-16-03** **850-926-5591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)