

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008228

1. Entity Name
STRINGS N' STRUTTERS, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90155 043 ****61.25

Principal Place of Business
1507 JUNE AVE
BROOKSVILLE FL 34601

Mailing Address
1507 JUNE AVE
BROOKSVILLE FL 34601

6145 2nd Ave
New Port Richey, FL. 34653-5107

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

59-2914038

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

UNDERWOOD, ALAN W
129 N MAIN STREET
BROOKSVILLE FL 34605

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WALDRON, JACK
1507 JUNE AVE
BROOKSVILLE FL 34601

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Richard F. Hertzog
6145 2nd Ave
New Port Richey, FL. 34653-5107

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
O'LESKE, CHET
P O BOX 1312
ELFERS FL 34680

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FINAMORE, CATHY
2227 MARINER BLVD
SPRING HILL FL 34609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HERTZOG, DELORES
6145 2 AVE
NEW PORT RICHEY FL 34653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAGAS, RAY
5031 CHAMBER CT
SPRING HILL FL 34607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Signature Required by Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

727-848-8031

Date

Daytime Phone #

CR2E037 (10/00)