

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90012 012 ****61.25

DOCUMENT # N00000008228

1. Entity Name

STRINGS N' STRUTTERS, INC.

Principal Place of Business

Mailing Address

6145 2ND AVE.
 NEW PORT RICHEY FL 34653-5107

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

4. FEI Number

59-3914038

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

- Attorney Not Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	PD	<input type="checkbox"/> Delete
NAME	O'LESKE, CHET	
STREET ADDRESS	P O BOX 1312	
CITY-ST-ZIP	ELFERS FL 34680	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FINAMORE, CATHY	
STREET ADDRESS	2227 MARINER BLVD	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERTZOG, DELORES	
STREET ADDRESS	6145 2 AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGAS, RAY	<i>moved out of state</i>
STREET ADDRESS	5031 CHAMBER CT	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERTZOG, RICHARD F	
STREET ADDRESS	6145 2ND AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653-5107	
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Alan W Underwood*

9/4/02

727-848-8031

CFR2037 (4/02)