

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90100 040 \*\*\*\*61.25

**DOCUMENT # N00000008228**

1. Entity Name

**STRINGS N' STRUTTERS, INC.**



Principal Place of Business

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

Mailing Address

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

**00040103**

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

☐ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'LESKE, CHET	<i>Pres</i>
STREET ADDRESS	P.O. BOX 1312	
CITY-ST-ZIP	ELUFERS FL 34680	
TITLE	SD	<input checked="" 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	<i>Treas.</i>
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERTZOG, RICHARD F	<i>Musie</i>
STREET ADDRESS	6145 2ND AVE.	<i>Director</i>
CITY-ST-ZIP	NEW PORT RICHEY FL 34653-5107	
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 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIETT MILLER	
STREET ADDRESS	1430 MARINER BLVD	<i>Secy</i>
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDITH HAMILTON	
STREET ADDRESS	6611 LAMPREY LANE	<i>V. Pres</i>
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Deloris Hertzog*  
**TREASURER**

Date

*6/2/03*

*727-848-8031*

Daytime Phone #

CR2ED07 (10/02)