

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91700 047 ****61.25

DOCUMENT # NO1000006500

1. Entity Name

FLORIDA READ AND LEAD, INC.

Principal Place of Business

4659 THE OAKS DRIVE
MARIANNA FL 32446

Mailing Address

4659 THE OAKS DRIVE
MARIANNA FL 32446

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ 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

Name

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

City

FL

Zip Code

STRIPLING, KAREN W
4659 THE OAKS
MARIANNA FL 32446

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

Karen W Stripling

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE P
NAME STRIPLING, KAREN W
STREET ADDRESS 4659 THE OAKS DRIVE
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE
NAME Williams, Edna Hart
STREET ADDRESS 5406 Sellers Road
CITY-ST-ZIP Marianna FL 32446 ☐ Delete

TITLE
NAME Carraway, Nancy
STREET ADDRESS 5645 Pleasant Ridge Road
CITY-ST-ZIP Marianna FL 32446 ☐ Delete

TITLE
NAME Montford, Heather
STREET ADDRESS 1706S NE Pear Street
CITY-ST-ZIP Blountstown FL 32424 ☐ Delete

TITLE
NAME Gemelia Williams
STREET ADDRESS P O Box 250
CITY-ST-ZIP Ouford FL 32420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Karen W Stripling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002

850-482-7678

Daytime Phone #

CR2E037 (9/01)