

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90026 017 ***150.00

0510237 AV

DOCUMENT # P01000057139

1. Entity Name

STRING BEAN INC.

Principal Place of Business

**410 CORTEZ ROAD WEST #201
BRADENTON FL 34207**

Mailing Address

**410 CORTEZ ROAD WEST #201
BRADENTON FL 34207**

2. Principal Place of Business

3. Mailing Address

1000 EMMETT ST #201

1000 EMMETT ST. #201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KISSIMEE FL.

KISSIMEE FL.

City & State

City & State

34741 USA.

34741 USA.

Zip

Country

Zip

Country

4. FEI Number

59-3724430

Applied For

Not Applicable

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

**GARROD, J.
410 CORTEZ ROAD WEST #201
BRADENTON FL 34207**

Name

DEAN GAY.

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

1000 EMMETT ST #201.

KISSIMEE

City

FL

Zip Code

34741.

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

2/15/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GAY, DEAN**
STREET ADDRESS **13560 TURTLEMARSH LOOP #325, HUNTER CREEK**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **PD** ☒ Change ☐ Addition
NAME **DEAN GAY**
STREET ADDRESS **1000 EMMETT ST #201**
CITY-ST-ZIP **KISSIMEE FL. 34741.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

2/15/2002

Date

Daytime Phone #

CR2E034 (9/01)