2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096386 Sep 11, 2000 8:00 am Secretary of State STRAWBERRY SQUARE, INC. 09-11-2000 90013 028 ***150.00 Principal Place of Business Mailing Address 1 4401 BOOT BAY ROAD 4401 BOOT BAY ROAD PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3349002 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent THOREEN, W. RICHARD Street Address (P.O. Box Number is Not Acceptable) 116 E ALTAMONTE DR **SUITE 210 ALTAMONTE SPRINGS FL 32701** 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 (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change TITLE ☐ Delete TITI F THOMAS, PHILIP W. NAME NAME 120 VINE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL CITY-ST-ZIP Change Change ☐ Addition TITLE Delete TITLE JARBOE, LLOYD SMITH, HOMAS A. NAME NAME C41 CIRCLE LEFT STREET ADDRESS 210 VINE ST STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP PLANTCITY FL 33567 CITY-ST-ZIP ☐ Detete ☐ Addition -TITLE RUPPEL, REBA NAME 105 CROSSTRAIL STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition LUPIEN, PAT NAME 206 VINE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete KATZEN, SAUL R. 115 ALLEMANDE DR. LEIGHTON, BARBARA NAME NAME STREET ADDRESS 106 BYMAR DR STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP PLANT CITY FL 33567 Addition TITLE Change TITLE Delete LININGER, ROGER A. C75 CIRCLE RIGHT TALBOT, RONALD NAME NAME 116 ALLEMANDE DRIVE STREET ADORESS STREET ADDRESS FL 33567 CITY-ST-7IP PLANT CITY FL CITY-ST-ZIP PLANT CITY 13. I hereby certify that the information supplied with this filling 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.

THE THOMAS

PED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

AUG 22,2000

FILED

Raulerson & Company, P. S. DW 4823

Certified Public Accountants and Consultants

108 Southern Oaks Dr. Plant City, Florida 33566 (813) 752-6604 Members of: American Institute of C.P.A.'s Florida Institute of C.P.A.'s

September 6, 2000

Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the annual report for Strawberry Square, Inc. Document number P95000096386.

The corporation did not receive the first notice to file by May 1, 2000. The Corporation has a history of filing and paying the fee timely.

We respectfully request the penalty be waived and the fee of \$150, which is enclosed, be accepted.

Thank you for your consideration of this matter.

Sincerely,

Daniel D. Raulerson, CPA