

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90041 032 ***150.00

DOCUMENT # P95000096386

1. Entity Name

STRAWBERRY SQUARE, INC. ✓

Principal Place of Business

Mailing Address

4401 Boot Bay Road
 Plant City, FL 33567

4401 Boot Bay Road
 Plant City, FL 33567

00000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

59-3349002

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

THOREEN, W. RICHARD
 116 E. ALTAMONTE DRIVE
 SUITE 210
 ALTAMONTE SPRINGS, FL 32701

Name

PAT LUPIEN

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

4401 BOOT BAY ROAD

City

PLANT CITY

FL

Zip Code
 33567

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

Pat Lupien, Treas.

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01

DATE

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, 2001 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 THOMAS, PHILIP W.
 STREET ADDRESS 120 VINE STREET
 CITY-ST-ZIP PLANT CITY, FL 335677

TITLE PD Change Addition
 NAME SMITH, THOMAS A.
 STREET ADDRESS 210 VINE STREET
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VD Delete
 NAME SMITH, THOMAS A.
 STREET ADDRESS 210 VINE STREET
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VD Change Addition
 NAME TALBOT, RONALD
 STREET ADDRESS 116 ALLEMANDE DRIVE
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE SD Delete
 NAME RUPPEL, REBA
 STREET ADDRESS 105 CROSSTRAIL
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME LUPIEN, PAT
 STREET ADDRESS 206 VINE STREET
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME KATZEN, SAUL R.
 STREET ADDRESS 115 ALLEMANDE DRIVE
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME LININGER, ROGER A.
 STREET ADDRESS C75 CIRCLE RIGHT
 CITY-ST-ZIP PLANT CITY, FL 33567

TITLE Change Addition
 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:

Ronald Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/01 1813-752-0992

CR2E034 (11/00)