

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0415964 AV

DOCUMENT # **P95000096386**

1. Entity Name
STRAWBERRY SQUARE, INC.

03-05-2002 90103 002 ***150.00

Principal Place of Business Mailing Address
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.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3349002		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUPIEN, PAT 4401 BOOT BAY ROAD PLANT CITY FL 33567		Name NICKI HORNE	
		Street Address (P.O. Box Number is Not Acceptable) 109 CROSS TRAIL	
		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 **NICKI HORNE, TREASURER** *Nicki Horne* **2-22-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, THOMAS A 210 VINE STREET PLANT CITY FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TALBOT, RONALD 116 ALLEMANDE DRIVE PLANT CITY FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUPPEL, REBA 105 CROSSTRAIL PLANT CITY FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARGE HOOPLE 118 VINE ST. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUPIEN, PAT 208 VINE ST PLANT CITY FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NICKI HORNE 109 CROSS TRAIL PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGHTON, BARBARA 106 BYMAR DR PLANT CITY FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLIFF HEFFRON 110 BYMAR DRIVE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT TALBOT, RONALD 116 ALLEMANDE DRIVE PLANT CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JEAN ANDERSON 101 CROSS TRAIL PLANT CITY, FL 33567

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: *Nicki Horne* **SIGNATURE REQUIRED HORNE** **2-22-02** **813-752-0491**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)