

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071686

1. Entity Name

STRINGAPURRS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90134 037 ***150.00

Principal Place of Business

3905 SAN GABRIEL DRIVE
PENSACOLA FL 32504

Mailing Address

3905 SAN GABRIEL DRIVE
PENSACOLA FL 32504-7548

2. Principal Place of Business

4111 Calico Dr
Suite, Apt. #, etc.

3. Mailing Address

4111 Calico Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CANTONMENT FL

City & State

CANTONMENT FL

4. FEI Number

59-3501044

Applied For

Not Applicable

Zip

32533 Escambia

Zip

32533 Escambia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GULLAHORN, JEAN R
3905 SAN GABRIEL DRIVE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name JEAN R. GULLAHORN

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

4111 Calico Dr

City CANTONMENT

FL

Zip Code 32533

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]* (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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GULLAHORN, JEAN R	
STREET ADDRESS	3905 SAN GABRIEL DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	GULLAHORN, JOHN D	
STREET ADDRESS	3905 SAN GABRIEL DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4111 Calico Drive
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4111 Calico Drive
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)