

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90056 009 ***150.00

DOCUMENT # P98000047338

1. Entity Name
STRUTHERS' HONEY, INC.

Principal Place of Business

8024 ROSE TERRACE
LAKE WALES FL 33853

Mailing Address

8024 ROSE TERRACE
LAKE WALES FL 33853 ← CHANGED

2. Principal Place of Business

8024 Rose Terrace

Suite, Apt. #, etc.

3. Mailing Address

8024 Rose Terrace

Suite, Apt. #, etc.

City & State

LAKE WALES FL

City & State

LAKE WALES FL

Zip

33898

Country

Polk

Zip

33898

Country

Polk

4. FEI Number

59-3513202

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

STRUTHERS, ALDEN N
8024 ROSE TERRACE
LAKE WALES FL 33853

Name

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

City

FL

Zip Code

33898

7. Name and Address of New Registered Agent

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 *Alden N Struthers*

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

(NOTE: Registered Agent signature required when reinstating)

April 29, 02

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, 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

TITLE **D** ☐ Delete
NAME **STRUTHERS, ALDEN N**
STREET ADDRESS **8020 ROSE TERRACE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete
NAME **STRUTHERS, LOTTA KAY N**
STREET ADDRESS **8020 ROSE TERRACE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete
NAME **POLSON, MARY BETH N**
STREET ADDRESS **8020 ROSE TERRACE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: *Alden N Struthers Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)