UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90149 001 ***150.00

DOCUMENT # 467301
Entity Name
COUNTRY DAYS, INC.

Principal Place of Business	Mailing Address
CARING WAY BOX 3179 CHARLOTTE FL 33949	417 BRIDGE STREET APT. 202 CHARLEVOIX MI 49720-1376 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
	108 ELM St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Charlevoix, MI
Zip / Country	Zip: 49720 Country: Charlevoix

4. FEI Number 59-1570260 ☐ 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
LORICCO, CAROLO J 3005 CARING WAY PT CHARLOTTE FL 33952	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSD AMICK, CAROL 417 BRIDGE ST APT 202 CHARLEVOIX MI 49720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PSD AMICK, CAROL 108 ELM St. Charlevoix, MI 49720	☒ Change ☐ Addition
VTD AMICK, EDWARD 417 BRIDGE ST APT 202 CHARLEVOIX MI 49720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VTD AMICK, EDWARD 108 ELM St. Charlevoix, MI 49720	☒ Change ☐ Addition
VD LORICCO, CALRO J 3005 CARING WAY PORT CHARLOTTE FL 33949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Carol Amick / CAROL AMICK 1/10/00 231-547-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)