2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900052544 1. Entity Name COUNTRY COMPUTER CONCEPTS, INC.					FILED Mar 01, 2001 08:00 AM Secretary of State				
Principal Plac		Mailing Address 878 EAST JEFFREY STREET							
BOCA RATON 33487	FL FL	BOCA RATON 33487	FL						
2. Principal P 878 EAST JEFF	Place of Business FERY STREET	3. Mailing Address 878 EAST JEFFERY STREET	<u>.</u>						
Suite, Apt.		Suite, Apt. #, etc.			DO NOT V	VRITE IN THIS SPAC	E	_	
City & State BOCA RATON		City & State BOCA RATON	FL		4. FEI Number 65-0926146			lied For Applicable	
Zip 33487	Country	Zip 33487	Country		5. Certificate of Status Desire		75 Addit Required	ional	
	6. Name and Address of Curren	t Registered Agent		, ;	7. Name and Address of Ne	w Registered Agen	t .		1
SPIEGEL &	t UTRERA, P.A.		Name STEINE	'В П	EFFREY SCPA				
343 ALMERIA AVENUE). Box Number is Not Accepta	able)		<u>-</u> -	
CORAL GA		FL	SUITE A	A					
33134 US			City	NO BEACH			ip Code		1
SIGNATURE .	named entity submits this statement f JEFFREY S. STEINE Signature, typed or printed name of registered agent	R tand title if applicable. (NOTE:	Registered Agent signa	ture required who	·	f Florida. - 03/01/20	01		
9. This corpo Tax filing r (See criter	FEE IS \$150. 1 Fee will be \$ e to Departmen	550.00 It of State	10. Election Campaign Trust Fund Contribu	ution.	Added 1				
11. TITLE	OFFICERS AND	·	12.		ADDITIONS/CHANGES TO				_
NAME STREET ADDRESS	BARNARD CHRISTINA N 878 EAST JEFFREY STREET		NAME STREET ADDRESS	SD BARNAI 878 EAS	RD CHRISTINA M T JEFFERY STREET	<u> </u>	Change	☐ Addition	E034 (11/00)
CITY-ST-ZIP	BOCA RATON	FL 33487	CITY-ST-ZIP	BOCA R	ATON	FL 3348	7 	<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BARNARD STEVEN G 878 EAST JEFFREY STREET BOCA RATON	☐ Delete _ , FL 33487	NAME STREET ADDRESS		T JEFFERY STREET	_	Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Decentarion	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA R	ATON	FL 3348	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
of the cor changed,	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that my cowered to execute this report a	v simnafilire shall r	nava tha cor	na lacal attact se if mada una	iar anth, that I am no	officer	r director	
SIGNAT	Steven G. Barnard SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR		PTD 03/01/2001 Date	Daytime	Phone #		

Daytime Phone #