2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 299690 1. Entity Name

City & State

MINER, RICHARD

774 ST. ANNE DRIVE **DUNEDIN FL 34698**

Zip

SIGNATURE

COUNTRYSIDE GLASS & MIRROR, INC.

Country

6. Name and Address of Current Registered Agent

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

Principal Place of Business Mailing Address COLEVANS DRIVE 2251 EVANS DRIVE **CLEARWATER FL 34623** FARWATER FL 34623 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

FILED Feb 29, 2000 8:00 am **Secretary of State**

02-29-2000 90162 007 ***150.00



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.

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete ☐ Change Addition TITLE NAME MINER, RICHARD STREET ADDRESS STREET ADDRESS 774 ST. ANNE DRIVE CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL ☐ Delete TITLE Addition TITLE MINER, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 774 ST ANN DRIVE CITY-ST-ZIP CITY-ST-ZIF DUNEDIN FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME KIRKPATRICK, LEE STREET ADDRESS STREET ADDRESS 455 ALT 19 N. CITY-ST-ZIP CITY-ST-ZIF PALM HARBOR FL ☐ Delete ☐ Change ☐ Addition TITLE VΡ TITLE NAME GILL, DICK NAME STREET ADDRESS 1215 ROYAL OAK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE MINER, ELIZABETH NAME STREET ADDRESS 774 ST. ANNE DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daytime Phone #