

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 035 ***150.00

DOCUMENT # 374327

1. Entity Name

COUNTRY WESTERN STORE INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3531 GRIFFIN RD 3531 GRIFFIN RD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

50027266

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE FL

4. FEI Number

59-1317247

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MAX M HAGEN BA.

Street Address (P.O. Box Number is Not Acceptable)
3531 GRIFFIN ROAD

City
FORT LAUDERDALE FL

Zip Code

33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/11/05

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MC HUGH MICHAEL
3531 GRIFFIN ROAD
FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Signature and typed or printed name of signing officer or director

3-9-05 954 290-1247

Date

Daytime Phone #

CR2E034B (12/02)