

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91887 033 ***150.00

DOCUMENT # F73081

1. Entity Name
COUNTRYTIME SWINGS, INC.



Principal Place of Business
**13855 W. COLONIAL DR.
WINTER GARDEN FL 34787
US**

Mailing Address
**PO BOX 545
GOTHA FL 34734
US**



2. Principal Place of Business

3. Mailing Address

1515 E. Spring Ridge Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Winter Garden

4. FEI Number **59-2188318**

Applied For

Not Applicable

Zip

Country

Zip

Country

34787

Orange

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

**JOINER, YVONNE R
9403 GOTHA RD
PO BOX 545
GOTHA FL 34734**

Name

Joiner, Yvonne R.

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

1515 E. Spring Ridge Circle

City

Winter Garden

FL

Zip Code

34787

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JOINER, BOBBY RAY**
STREET ADDRESS **9403 GOTHA RD**
CITY-ST-ZIP **GOTHA FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Joiner, Bobby Ray**
STREET ADDRESS **1515 E. Spring Ridge Circle**
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE **STD** ☐ Delete
NAME **JOINER, YVONNE R**
STREET ADDRESS **9403 GOTHA RD**
CITY-ST-ZIP **GOTHA FL**

TITLE **STD** ☒ Change ☐ Addition
NAME **Joiner, Yvonne R.**
STREET ADDRESS **1515 E. Spring Ridge Circle**
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Yvonne Joiner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

407-877-2276

Daytime Phone #

CR2E034 (10/02)