## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT	# ၂५	9946

1. Entity Name

COUNTRY MANOR CONSTRUCTION, INC.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90210 040 \*\*\*150.00

Principal Place of Busine 4600 N.W. 9TH COURT PLANTATION FL 33317	ess	Mailing Address 4600 N.W. 9TH COURT PLANTATION FL 33317						
2. Principal Place of Bus	siness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>-</u>		☐ CHECK HERE IF	MAKING CHANGES	<b>;</b>	
City & State	<u> </u>	City & State		4	4. FEI Number 59-2750492 Applied For Not Applicable			
Zip	Country	Zip	Country	-	5. Certificate of Status Desired	\$8.75 Ad	Iditional	
6. Name and Address of Current Registered Agent , 7. Name and Address of New Registered Agent								
SUTTER RICHARD D			Rath	Rean J. Sutter				
			City	conu	t Creek	FL Zip Cod	de 072	
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 begistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00								
After May 1, 20 Make Check Payable t	03 Fee will be \$550.00 o Florida Department of	State			9. Election Campaign Finance Trust Fund Contribution.	Ψυ.υ	00 May Be d to Fees	
10: 7: #	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
	RICHARD D. 61ST MANOR ID FL	□ Delete	TITLE NAME STREET ADDRESS OTY-ST-ZIP	Suti	ter, Kathleen J. O Swan's Lane Donut Creek, FL		Addition 6	
	KATHLEEN J. 61ST MANOR ID FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Su+t	er, Kathleen J. 30 Swan's Lane		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12-15-2 · · · · · ·	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	To the state of	en un en	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  12. I hereby certify that the	e information supplied with t	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	oted in Section	n 119.07(3)(i), Florida Statutes. I furt	Change	Addition	

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: >