

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0830945 FP

DOCUMENT # K41226

1. Entity Name
COUNTRY PINE, INC.

02-13-2002 90167 042 ***150.00

Principal Place of Business **Mailing Address**
1240 NEWPORT CENTER DRIVE **1240 NEWPORT CENTER DRIVE**
DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **65-0080136** **Applied For**
 \$8.75 Additional Fee Required **Not Applicable**

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

MOLYNEUX, BERNARD
182 WEST GLADES ROAD
BOCA RATON FL 33432

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when filing.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NO. 1190.00
May 15, 2002
Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P MOLYNEUX, BERNARD 1009 ISLAND DRIVE DELRAY BEACH FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *B. Molyneux* **1/23/02** **9544811917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/01)