

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90683

1. Entity Name
ARMAND ENTERPRISES, INC.

Principal Place of Business

PO BOX 136
ELKTON FL 32033
US

Mailing Address

PO BOX 136
ELKTON FL 32033
US

2. Principal Place of Business

108 WATERWAY DR.

Suite, Apt. #, etc.

SATSUMA FL.

City & State

FL 32189

Zip

Country

Putnam

3. Mailing Address

108 WATERWAY DR.

Suite, Apt. #, etc.

SATSUMA FL.

City & State

FL 32189

Zip

Country

Putnam

6. Name and Address of Current Registered Agent

COUNTS, JOHN STEPHEN
108 WATERWAY DR
SATSUMA FL 32189

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COUNTS, JOHN STEPHEN
4 DOGWOOD TERR.
PALM COAST FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COUNTS, JOHN
108 WATERWAY DR
SATSUMA FL 32189



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COUNTS JOHN STEPHEN
108 WATERWAY DR
SATSUMA FL 32189



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



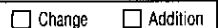
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



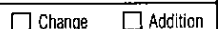
TITLE
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STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-17-01
904-824-1170



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)