2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16159 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** COUNTS ENTERPRISE CORPORATION 03-14-2000 90015 030 ***150.00 Principal Place of Business Mailing Address 1628 LAKE HERON DR 1628 LAKE HERON DR LUTZ FL 33549-8769 **LUTZ FL 33549** HS 2. Principal Place of Business 3. Mailing Address 3444 P YRITE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4: FEI Number 31-1280385 Not Applicable Z*EPH*YRHU Country **\$8.75** Additional 5. Certificate of Status Desired PASCO Pasco 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOUNTZ, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1628 LAKE HERON DR PYRITE **LUTZ FL 33549** 3<u>540</u> EPHYRHILLS 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KOUNTZ, RICHARD NAME NAME 3444 PYRITE STREET ADDRESS 1628 LAKE HERON DR STREET ADDRESS CITY-ST-7IP LUTZ FL 33549-8769 CITY-ST-ZIP 33540 ☐ Addition Change Change ☐ Delete TITLE TITLE KOUNTZ, RITA NAME 3444 PYRITE DR STREET ADDRESS 1628 LAKE HERON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549-8769 ZEPHYRHILLS ☐ Addition ☐ Delete TITLE TITLE **HULL, JONATHAN** NAME NAME 6505 WILSON MILLS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH 44143** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered. SIGNATURE: