

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90077 018 ***150.00

DOCUMENT # L36702

1. Entity Name

COUNTRYMAN & ASSOCIATES, P.A., CPA

Principal Place of Business

16011 NEBRASKA AVE. M.

SUTIE 106

LUTZ FL 33549

US

Mailing Address

16011 NEBRASKA AVE. M.

SUTIE 106

LUTZ FL 33549

US

2. Principal Place of Business

16011 Nebraska Ave N.

3. Mailing Address

16011 Nebraska Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2981184

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COUNTRYMAN, JOHN A

16011 NEBRASKA AVE. M.

SUITE 107

LUTZ FL 33549

Name

Countryman, John A.

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

16011 Nebraska Ave N.

Suite 106

City
Lutz

FL

Zip Code
33549

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

1-8-01

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
COUNTRYMAN, JOHN A ☐ Delete
16011 NEBRASKA AVE. NORTH, STE 106
LUTZ FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COUNTRYMAN, JOHN A ☐ Delete
16011 NEBRASKA AVE. NORTH, STE 106
LUTZ FL 33549

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

1-8-01 813-949-1430

CR2E034 (9/01)