

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90275 025 ***150.00

DOCUMENT # L 36702	
1. Entity Name	
Countryman & Associates, PA CPA	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16011 Nebraska Avenue North Suite 106 Suite, Apt. #, etc.		3. Mailing Address 16011 Nebraska Avenue North Suite, Apt. #, etc. Suite 106	
City & State Lutz, FL		City & State Lutz, FL	
Zip 33549-6158	Country USA	Zip 33549-6158	Country USA

DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2981184		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name John A. Countryman		
	Street Address (P.O. Box Number is Not Acceptable) 16011 Nebraska Avenue North Suite 106 City Lutz FL Zip Code 33549-6158		

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  **John A. Countryman \ Director** **4/27/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$50.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD John A. Countryman 16011 Nebraska Avenue N., Ste 106 Lutz, FL 33549-1658	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John A. Countryman \ Director** **4/27/2004** **(813) 949-1450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**