

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74893

1. Entity Name

COUNTS ROOFING AND CONSTRUCTION INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90171 030 ***150.00

Principal Place of Business

Mailing Address

5805 PERRY RD
ELKTON FL 32033
US

5805 PERRY RD
4 DOG WOOD TERR
ELKTON FL 32033-0136
US

00004061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 136

3. Mailing Address

P.O. Box 136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Elkton, FL

City & State

Elkton, FL

4. FEI Number

59-3013774

Applied For

Not Applicable

Zip

32033

Country

U.S.

Zip

32033

Country

U.S.

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

COUNTS, JOHN STEPHEN
5805 PERRY RD
ELKTON FL 32033

Name

Counts, John Stephen (Same)

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

108 Waterway Dr.

Satsuma

32189

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, 2000 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
☐ Delete

PD
COUNTS, JOHN STEPHEN
5805 PERRY RD
ELKTON FL 32033

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

PD
Counts, John Stephen
108 Waterway Dr.
Satsuma, FL 32189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
NAME
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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 #

John Stephen Counts John Stephen Counts 1-10-00 904-8241170

CR2E034 (9/99)