

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74893

1. Entity Name
COUNTS ROOFING AND CONSTRUCTION INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90319 037 ***150.00

Principal Place of Business

PO BOX 136
ELKTON FL 32033
US

Mailing Address

PO BOX 136
4 DOG WOOD TERR
ELKTON FL 32033
US

2. Principal Place of Business

108 WATERWAY DR
Suite, Apt. #, etc.
SATSUMA FL.

3. Mailing Address

108 WATERWAY DR.
Suite, Apt. #, etc.
SATSUMA FL.

City & State

Zip 32189 Country PUTNAM

City & State

32189 PUTNAM

4. FEI Number 59-3013774

Applied For
Not Applicable

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
104 WATERWAY DR.
SATSUMA FL 32189

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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

JOHN STEPHEN COUNTS

2-17-01

Date

Daytime Phone #

904 8241170

CR2E034 (10/00)