2001 UNIFORM BUSINESS REPORT (UBR) Jun 28, 2001 8:00 am DOCUMENT # N94000004720 **Secretary of State** Country Swinger, Inc. 06-28-2001 90001 041 ****70.00 Principal Place of Business Mailing Address 723 Stephen Dr. 723 Stephen Dr Sebring, Fl 33875 Sebring, Fl 33875 A0075159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-05/55 09 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Richard Linda D. Elk Beelen Street Address (P.O. Box Number is Not Acceptable) Re Placed, FI 33852 City Sebring 8. The above named entity submits this statement for the purpose of changing its registered office or registered as oft, or both, in the state of Florida. or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing -Make Check Payable to-\$5:00 May Be 🗽 💉 Department of State Trust Fund Contribution. FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Addition TITLE ☐ Defete TITLE ☐ Change Richard L. Beeler 723 Stephen Dr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition Jim Hecox STREET ADDRESS Bellune aye, STREET ADDRESS 1103 33870 CITY-ST-ZIP CITY-ST-ZIP Se<u>bri</u> TITLE Change ☐ Addition □ Delete Hackworth St. NAME . Dottie H NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE SD Elizabeth Blood 2118 Caribbean Rd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Ron Jelicks City Rd. TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Sebring, F133870 CITY-ST-ZIP CITY-ST-ZIP Pauline Oliphant Delete TITLE ☐ Change ☐ Addition TITLE P NAME NAME STREET ADDRESS STREET ADDRESS F1 33875 CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

863-385-2137

6-24-01

changed, or on an attachment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR