

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003673

FILED
Apr 28, 2003
Secretary of State

Entity Name: CHARACTER COUNTS! IN OKEECHOBEE, INC.

Current Principal Place of Business:

575 SW 28TH ST
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2412
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 65-0849367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, JILL
575 SW 28TH ST
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLINE, THERESA
Address: 1801 HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: GREEN, RICHARD
Address: 411 SE 4TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: STAS, DEBBIE
Address: 1679 NW 9TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHANDLER, GWEN
Address: 304 NW 2ND ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Change (X) Addition
Name: ABNEY, WES
Address: PO BOX 700
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Change (X) Addition
Name: KIRK, ZELLA
Address: 700 SW 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Change (X) Addition
Name: ANDERSON, SCOTT
Address: 205 N. PARROT AVE.
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL M ROGERS

D

04/28/2003

Electronic Signature of Signing Officer or Director

Date