

2001 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

010439 AT

DOCUMENT # P00000030033

1. Entity Name
BOUNTY, INC.

FILED

01 JUL 30 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1549 PIONEER ROAD
CHIPLEY FL 32428

Mailing Address
1549 PIONEER ROAD
CHIPLEY FL 32428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-365 1296

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAWRENCE, BRUNSON L
1549 PIONEER ROAD
CHIPLEY FL 32428

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME LAWRENCE, BRUNSON L
STREET ADDRESS 1549 PIONEER ROAD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004535779--6
-08/15/01--01020--008
****150.00 ****150.00

TITLE D
NAME LAWRENCE, GRETA
STREET ADDRESS 1549 PIONEER ROAD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE
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CITY-ST-ZIP

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: *Archie Lawrence* SIGNATURE REQUIRED
Archie Lawrence, Director 7/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
B# P00003003

July 23, 2001
PASC 2001

Division of Corporation
P.O. Box 1500
Tallahassee, FL.

Dear Sir:

----- Due to illness I was unable to ^{pay} Corporate
tax in when due. -----

I have been recovering from cancer therapy
and three operations since the first of
Jan.

I would appreciate it if you would accept
my payment of \$150.00.

Sincerely, -----
Greta Lawrence
Greta Lawrence