2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

FILED Apr 26, 2001 8:00 am Secretary of State

DOCUMENT # P00000036049

BETTY'S COUNTRY MARKET, INCORPORATED						04-26-2001 90328 044 ***150.00			
Principal Place of Business 615 HIGHWAY 17-92 NORTH IAVENPORT FL 33837			Mailing Address 3327 HIGHWAY 17-92 NORTH DAVENPORT FL 33837						
2. Principal Pl	ace of Busir	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. F	El Number Applied For Not Applicable		
Zip Country			Zip Country		try	5. Certificate of Status Dosired S8.75 Additional Fee Required			
	6. Name	and Address of Current F			7. Name and Address of New Registered Agent				
COMBS, BETTY J					Name				
3327 HIGHWAY 547 NORTH DAVENPORT FL 33837					Street Address (P.O. Box Number is Not Acceptable)				
					City R™ I Zip Code				
8. The above named entity submits this statement for the purpose of changing its regis					1 200				
		J. Con Us granted name of registered agent a			c Agent signature requ				
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 St				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	PD	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMBS, 3327 HIG	Berry J Hway 547 North Drt Fl 33837	☐ Delete	1			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		☐ Change ☐ Acdit:on		
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete		1		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	M			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ 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.

BETTY TEOMS BUTTY CONDS

Davtime Phone #