DOCUMENT # P00000082703

1. Entity Name

COUNTRYSIDE COLONIAL HOUSE, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90027 032 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2519 MCMULLEN BOOTH RD. CLEARWATER FL 33761	2519 MCMULLEN BOOTH RD. CLEARWATER FL 33761

2. Principal Place of Business	3. Mailing Address
2759 S.R. 580	2759 S.R. 580
Suite, Apt. #, etc.: Suite 113	Suite, Apt. #, etc.: Suite 113
City & State: Clearwater, Fl.	City & State: Clearwater, Fl.
Zip: 33761 Country: USA Pinellas	Zip: 33761 Country: USA

4. FEI Number 59-3670935 ☐ 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
GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISE RD., STE. 100 CLEARWATER FL 33763	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	D BURLEY, CHARLYNN 2519 MCMULLEN BOOTH RD. CLEARWATER FL 34621	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/P/S/T BURLEY, CHARLYNN 2759 S.R. 580 Suite 113 CLEARWATER, Fl. 33761	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE: Charlynn Burley 1·6·2001 727·725·9112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)