FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 APR 18 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/02/02--01040--003
*****62.00 *****62.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01 00002198 9

1. Entity Name: Country Bridge INC.

2. Principal Place of Business: 1105 Loblolly Ave.
Suite, Apt. #, etc.
City & State: Port Orange FL
Zip: 32127
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 36-4488547 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: SAM OSTA - Agent
Street Address (P.O. Box Number is Not Acceptable): 1105 Loblolly Ave
City: Port Orange FL Zip Code: 32127

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: President / Agent DATE: 4-8-02
(Signature: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAM OSTA - President / 1105 Loblolly Ave / Port Orange FL 32127
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Agent 4-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — (Signature Required)

CR2E034B (12/01)

JS 4/26/02