

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90307 021 ***150.00

DOCUMENT # P02000024969

1. Entity Name
COUNTRY COMMUNICATIONS TWO, INC.



Principal Place of Business
**501 HWY 90 WEST
DEFUNIAK SPRINGS FL 32433**

Mailing Address
**501 HWY 90 WEST
DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

**1031 HWY 90 WEST
SUITE # 4**

3. Mailing Address

PO BOX 1174

Suite, Apt. #, etc.

City & State

DFS, FL

City & State

DFS, FL

Zip

32435

Country

USA

Zip

32435-1174

Country

USA

4. FEI Number

01-0562062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPINA, JOANN
501 HWY 90 WEST
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SPINA, PAUL
1155 PARRISH ROAD
BONIFAY FL 32425**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
SPINA, JOANN
1155 PARRISH ROAD
BONIFAY FL 32425**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

JOANN SPINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-03

850 951 0664