## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachpe

SIGNATURE

## Jan 21, 2002 8:00 am Secretary of State P93000021514 **DOCUMENT #** 1. Entity Name 01-21-2002 90058 040 \*\*\*158.78 COUNTRY SOUTH, INC. Mailing Address Principal Place of Business PO BOX 110189 5567TAYLOR ROAD NAPLES FL 34108 #7 & 8 NAPLES FL 34109 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0504041 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAMOCKI, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 5567TAYLOR ROAD #7 & 8 NAPLES FL 34109 Zip Code City 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 nen reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required FILE NOW! LEEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee Will be \$550 of Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE **PSTD** TITLE ☐ Delete RAMOCKI, ALEXANDER NAME NAME 1910 MANCHESTER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □1 Change ☐ Addition TITLE ☐ Delete TITL€ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute his report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute his report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute his report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute his report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute his report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corporati

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**