

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058745

1. Entity Name

COUNTRY IMAGES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90103 034 ***150.00

Principal Place of Business

Mailing Address

SW 34TH AVE.
904
FL 34474

23000 NE 85 AVE RD
CITRA FL 32113-2768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3101 SW 34 Ave
Suite, Apt. #, etc.
STE. 704
City & State

3. Mailing Address

Suite, Apt. #, etc.
City & State

4. FEI Number **59-3198753** Applied For
Not Applicable

Zip Country Zip Country

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

COCKES, GIGI
23000 NE 85 AVE RD
CITRA FL 32113

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS COCKES, GIGI
CITY-ST-ZIP 23000 NE 85 AVE RD
CITRA FL 32113

TITLE ☐ Delete
NAME D
STREET ADDRESS COCKES, JON A
CITY-ST-ZIP 23000 NE 85 AVE RD
CITRA FL 32113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Gigi Cockes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
Date

352-237-5411
Daytime Phone #

CR2E034 (9/99)