

NAME'S COUNTRY MANOR, INC.

Place of Business Mailing Address  
157TH ST 1098 NE 45TH ST  
FL 33334 FT LAUDERDALE FL 33334-3812



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0530559 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

SCHMIDT, PETER H  
400 S DIXIE HWY 420  
BOCA RATON FL 33432

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

This corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its Intangible Tax requirement and elects to do so. (circle 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete D SCHMIDT, PETER H 400 S DIXIE HIGHWAY #420 BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete PD HOOD, PAMELA P 23265 LAGO MAR CIR BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pamela Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pamela Hood President 2/8/00 954-771-6808*  
Date Daytime Phone #

CR2E034 (9/99)