

2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052017

1. Entity Name

TRUE COUNT, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90180 016 ***150.00

Principal Place of Business

3484 SW FOREST HILLS CT
PALM CITY FL 34990
US

Mailing Address

3484 SW FOREST HILLS CT
PALM CITY FL 34990
US

2. Principal Place of Business

1625 S.W. ST. ANDREWS DR.

3. Mailing Address

1625 S.W. ST. ANDREWS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM CITY, FL

City & State

PALM CITY, FL

4. FEI Number

65-0512635

Applied For

Not Applicable

Zip

34990

Country

U.S.

Zip

34990

Country

U.S.

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

ANDERSON, WILLIAM D JR.
516 CAMDEN AVE
SUITE 103
STUART FL 34994

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME HARRELL, DENNIS V.
STREET ADDRESS 3484 SW FOREST HILLS CT
CITY-ST-ZIP PALM CITY FL 34990

TITLE DP ☒ Change ☐ Addition
NAME HARRELL, DENNIS V.
STREET ADDRESS 1625 SW ST. ANDREWS DR
CITY-ST-ZIP PALM CITY, FL. 34990

TITLE DS ☐ Delete
NAME HARRELL, INGEBORG
STREET ADDRESS 3484 SW FOREST HILLS CT
CITY-ST-ZIP PALM CITY FL 34990

TITLE DS ☒ Change ☐ Addition
NAME HARRELL, INGEBORG
STREET ADDRESS 1625 SW ST. ANDREWS DR
CITY-ST-ZIP PALM CITY, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis V. Harrell DENNIS V. HARRELL 4/19/01 (561)781-6136

Date

Daytime Phone #

CR2E034 (10/00)