

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000009777**

1. Entity Name

COUNTERSTRIKE, INC

AMENDED

02 APR 18 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8342 SE SANCTUARY Dr.

3. Mailing Address

**4300 SO. U.S. HWAY ONE
SUITE 203-324**

Suite, Apt. #, etc.

City & State

HOBE SOUND, FLORIDA

City & State

JUPITER, FL 33477

4. FEI Number

65-0566497

Applied For

Not Applicable

Zip

33455

Country

U.S.

Zip

33489

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KATHLEEN KELLY

Street Address (P.O. Box Number is Not Acceptable)

8342 SE SANCTUARY Dr.

City

HOBE SOUND,

FL

Zip Code

33455

**DO NOT WRITE
IN THIS SPACE**

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)

4/8/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KELLY, KATHLEEN
8342 SE SANCTUARY DRIVE
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200005419942--5
-05/02/02--01022--010
*****61.25 *****61.25**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 (772) 546-8393
Date Daytime Phone #

CR2E034B (12/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

P9500.0039777

DOCUMENT #

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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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 _____

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(See criteria on back)

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Make Check Payable to Department of State**

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Trust Fund Contribution. ☐

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11. OFFICERS AND DIRECTORS

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

RETURN
BACK TO
ORIGINAL

03086650
AV

DOCUMENT # **P95000009777**

1. Entity Name
COUNTERSTRIKE, INC.

Principal Place of Business
**8342 SE SANCTUARY DR
HOBE SOUND FL 33455
US**

Mailing Address
**4300 SO. US. HIGHWAY 1
STE. 203-324
JUPITER FL 33477
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**308 TEQUESTA DRIVE
SUITE 19
TEQUESTA, FL
33469 PALM BCH**

3. Mailing Address
**308 TEQUESTA DRIVE
SUITE 19
TEQUESTA, FL
33469 PALM BCH**

4. FEI Number **65-0566497**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KELLY, KATHLEEN
8342 SE SANCTUARY DR.
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent
**Chris A. Delia
308 TEQUESTA DRIVE, SUITE 19
TEQUESTA, FL 33469**

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 *Chris A. Delia* **2/21/2002**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, KATHLEEN | | NAME | Chris A. Delia | |
| STREET ADDRESS | 8342 SE SANCTUARY DR. | | STREET ADDRESS | 308 TEQUESTA DRIVE, SUITE 19 | |
| CITY-STATE-ZIP | HOBE SOUND FL 33455 | | CITY-STATE-ZIP | TEQUESTA, FL 33469 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTINE N. DELIA | | NAME | | |
| STREET ADDRESS | 308 TEQUESTA DRIVE, SUITE 19 | | STREET ADDRESS | | |
| CITY-STATE-ZIP | TEQUESTA, FL 33469 | | CITY-STATE-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | |

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SIGNATURE *Chris A. Delia* **2/21/2002 (561) 745-1077**

CR2E034 (9/01)