2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # P96000004102 **Secretary of State** 1. Entity Name 02-04-2002 90009 036 ***150.00 COUNTRY INDUSTRIES, INC. Principal Place of Business Mailing Address 219 CIRCUS TOWER BY 219 CIRCUS TOWER BY CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3351515 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, DEBORAH A Street Address (P.O. Box Number is Not Acceptable) 179-F NORTH HWY 27 **CLERMONT FL 34711** 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Addition ☐ Delete WILLIAMS, Dennis R. NAME NAME WILLIAMS, DENNIS R 90,80× 180968 STREET ADDRESS STREET ADDRESS 16620 FOUR LAKES LANE CITY-ST-ZIP **MOUNT VERDE FL 34756** CITY-ST-ZIP Change . ☐ Delete TITLE ☐ Addition TITLE NAME NAME WILLIAMS, DEBORAH A STREET ADDRESS STREET ADDRESS 16220 FOUR LAKES LANE CITY-ST-ZIP CITY-ST-ZIP **MOUNT VERDE FL 34756** Change TITLE ☐ Addition TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

(9/01)CR2E034