

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029221

1. Entity Name
TOWN & COUNTRY ENTERPRISES INC.

Principal Place of Business

41 W. MAGNOLIA
ARCADIA FL 34266

Mailing Address

1024 SOUTH HILLSBORO AVENUE
ARCADIA FL 34266

2. Principal Place of Business

41 W. Magnolia
Suite, Apt. #, etc.

3. Mailing Address

1024 S. Hillsboro.
Suite, Apt. #, etc.

City & State

Arcadia, FL.

City & State

Arcadia, FL.

Zip 34266

Country DE Soto

Zip 34266

Country DE Soto

6. Name and Address of Current Registered Agent

HILLENBERG, CONNIE
4725 KNOLLWOOD DR
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name Hackney, Manley & Co. LLP-CPAs
Street Address (P.O. Box Number Not Acceptable)
203 St. 7 Ave
Wachula, FL.
City FL Zip Code 33873

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

Michael D. Manley

4-1-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANTHORN, SUSAN	
STREET ADDRESS	1024 S HILLBOROUGH AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLANTHORN, FREDERICK A	
STREET ADDRESS	1024 S HILLBOROUGH AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan Blanthorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

863-494-2402

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90388 013 ***150.00

00006488



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435554

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)