

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103416

1. Entity Name

COUNT ME IN, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90002 049 \*\*\*150.00

Principal Place of Business

Mailing Address

6579 IMMAKOLEE RD.  
KEYSTONE HEIGHTS FL 32656

P.O. BOX 2118  
KEYSTONE HEIGHTS FL 32656-2118

648502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4575 ST. JOHNS AVE.

4575 ST. JOHNS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 4

# 4

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32210 USA

32210 USA

4. FEI Number

59-3546147

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

Name

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

City

FL

Zip Code

KING, DAVID A  
ATTORNEY AT LAW  
1416 KINGSLEY AVE.  
ORANGE PARK FL 32073

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D KATZ, SHERMAN	6579 IMMAKOLEE RD.	KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 REQUIRED  
SHERMAN KATZ, President

04/24/00

Date

(904) 384-9191

Daytime Phone #

CR2E034 (9/99)