

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000103739**

1. Entity Name

COUNTRY ACORN, INC.

FILED**Mar 21, 2000 8:00 am**
Secretary of State

03-21-2000 90038 039 ***150.00

Principal Place of Business

4107 S ORLANDO DRIVE
SANFORD FL 32773
US

Mailing Address

1205 N THORPE AVENUE
ORANGE CITY FL 32763-3915
US

2. Principal Place of Business

Same as above
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3547574

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**TINCH, TINA M
1205 N. THORPE AVE.
ORANGE CITY FL 32763**7. Name and Address of New Registered Agent**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**P
TITLE NAME FINCH, TINA M
STREET ADDRESS 1804 N THORPE AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763
☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE NAME Tinch Tina
STREET ADDRESS 1205 N. Thorpe Ave.
CITY-ST-ZIP Orange City, FL 32763
☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
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☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #