## 2000 UNIFORM BUSINESS REPORT (UBR) 9/18/00-90035-022-\$550.00-\$550.00

DOCUMENT # P9900018479	National State of the State of	
THE COUNTRY SLASHER, INC.		FILED
Principal Place of Business Mailing Address	<u> </u>	00 OCT 17 PM 3:50
1636 ARABIAN LANE 3438 EAST LAKE RD. #144	582	
PALM HARBOR FL-04005 -PALM HARBOR FL 34005		SECRETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business     3. Mailing Address		
3829 Louis Circle 3438 EOST 1	ake Road	E INDICIONAL HIB ANNIN ADMILI ANNIN ADMILI ANNIN ADMILI ANNIN ALBERT LODIE SOLI FORE
Suite, Apt. #, etc. Suite, Apt. #, etc.	682	DO NOT WRITE IN THIS SPACE
Tarpon Springo FL. Palm Harb	or, PL.	4. FEI Number Applied For Not Applicable
34689 Pineuas 34685	Pinellas-	5 Certificate of Status Desired Fee Required
6. Name and Audress of Current Registered Agent	Name	7: Name and Address of New Registered Agant
BOSSE, ROSANNE E		RO. Box Number is Not Aegeptable)
1 <del>080-arabian-lane</del> P <del>alm Harbor el-118</del> 85	3800	1 Lous arche
•	City	oun Somes FL 39889
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 RUSANNE E. BUSSE, OWNER RUSANNE BOSKE 8/28/00 DATE  Signature, typod or printed name of registered agent and stol if adjacable. (NOTE: Registered Agent signature required when refusation).  DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Make Check Psyable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to Fees		
11. President VICE OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE 7 ROSANNE EBOSSE Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 38-29 LOUIS CIVELE CITY-ST-ZIP TAYDON SONNED PL 34689	STREET ADDRESS CITY-ST-ZIP	
MILE Secretary/Treasurer Delite	πιε	☐ Change ☐ Addition
NAME OCCUPANTY THE STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP  TILE Delete	CITY-ST-ZIP	☐ Change ☐ Addition
-NWF	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Defete	TITLE NAME	· Change Addition
STREET ADDRESS CITY-S1-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE _ Delete	TITLE	. Change Addition
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP  TITLE   Delete	CITY-ST-ZIP	- Change Addition
NAME .	NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filling 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.		