

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90045 022 ***150.00

DOCUMENT # P99000057323

1. Entity Name

COUNTY WIDE, INC.

Principal Place of Business

1122 MECCA DRIVE
UNIT B
SATASOTA FL 34234

Mailing Address

1122 MECCA DRIVE
UNIT B
SATASOTA FL 34235-6911

2. Principal Place of Business

4759 Harvest Bend
Suite, Apt. #, etc.

3. Mailing Address

4759 Harvest Bend
Suite, Apt. #, etc.

00031829



DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number

65-0927522

Applied For

Not Applicable

Zip
34235

Country

Sarasota

Zip
34235

Country

Sarasota

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

ROBERTS, LISA
1122 MECCA DRIVE
UNIT B
SATASOTA FL 34234

Name
Roberts, Lisa

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

4759 Harvest Bend

City
Sarasota

FL

Zip Code
34235

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 Lisa Roberts
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/00

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
D
ROBERTS, LISA
1122 MECCA DRIVE, UNIT B
SATASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☒ Addition
4759 Harvest Bend
Sarasota, FL. 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JAHN, MARK
1122 MECCA DRIVE, UNIT B
SATASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4759 Harvest Bend
Sarasota, FL. 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 Lisa Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(941) 342-0428

Daytime Phone #