

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057323

1. Entity Name
COUNTY WIDE, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90059 035 ***150.00

Principal Place of Business

4759 HARVEST BEND
SARASOTA FL 34235

Mailing Address

4759 HARVEST BEND
SARASOTA FL 34235

2. Principal Place of Business

3629 WEBBER ST.

3. Mailing Address

3629 WEBBER ST.

Suite, Apt. #, etc.

B1

Suite, Apt. #, etc.

B1

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0927522

Applied For

Not Applicable

Zip

34232

Country

Zip

34232

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, LISA
4759 HARVEST BEND
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

MARK JAHN

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

3629 WEBBER ST. SUITE B1

City

SARASOTA

FL

Zip Code

34232

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

MARK JAHN

[Signature]

1-8-01

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 ☐ Delete
NAME D
STREET ADDRESS ROBERTS, LISA
CITY-ST-ZIP 4759 HARVEST BEND
SARASOTA FL 34235

TITLE ☐ Delete
NAME D
STREET ADDRESS JAHN, MARK
CITY-ST-ZIP 4759 HARVEST BEND
SARASOTA FL 34235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] MARK JAHN

1-8-01

941-915-557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)