## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

## Feb 24, 2002 8:00 am Secretary of State **DOCUMENT #** P99000057323 1. Entity Name 02-24-2002 90052 045 \*\*\*150.00 COUNTY WIDE, INC. Principal Place of Business Mailing Address 3629 WEBBER STREET 3629 WEBBER STREET SARASOTA FL 34232 SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business 4025 Cattlemen Ro DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For ⊖jty & State 4. FEI Number 65-0927522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IAHN, MARK 3629 WEBBER STREET **B1** SARASOTA FL 34232 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete NAME oberts, Lisa NAME ROBERTS, LISA STREET ADDRESS STREET ADDRESS 4759 HARVEST BEND CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP **Change** ☐ Addition ☐ Delete TITLE TITLE NAME NAME JAHN, MARK STREET ADDRESS STREET ADDRESS 4759 HARVEST BEND CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED