

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064813

1. Entity Name

COUNTER-FITTERS INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90035 022 ***150.00

Principal Place of Business

Mailing Address

460 EAST CRISAFULLI ROAD
MERRITT ISLAND FL 32953

460 EAST CRISAFULLI ROAD
MERRITT ISLAND FL 32953-7401

SAME

SAME

2. Principal Place of Business

460 E. Crisafulli Rd.

3. Mailing Address

460 E. Crisafulli Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

Merritt Island FL

4. FEI Number

59-3586228

Applied For

Not Applicable

Zip

Country

32953

Brevard

Zip

32953

Country

Brevard

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

CAMPBELL, ROBERT W
460 EAST CRISAFULLI ROAD
MERRITT ISLAND FL 32953

Name

SAME

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 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	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, ROBERT W	
STREET ADDRESS	460 EAST CRISAFULLI ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	CAMPBELL, MAYRA R	
STREET ADDRESS	460 EAST CRISAFULLI ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, JAMIN P	
STREET ADDRESS	460 EAST CRISAFULLI ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert W. Campbell 4-27-00 (321) 459-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #