

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**  
 08-24-2000 90003 001 \*\*\*550.00

**DOCUMENT #** ✓

1. Entity Name  
 Counter Active, Inc.  
 503 North 3rd Street  
 Jacksonville, FL 32250

Principal Place of Business  
 503 North 3rd Street  
 Jacksonville, FL 32250

Mailing Address

2. Principal Place of Business  
 6012-A East Hillsborough Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 6012-A East Hillsborough Ave  
 Suite, Apt. #, etc.

City & State  
 Tampa, FL

City & State  
 Tampa, FL

4. FEI Number  
 59-3598223

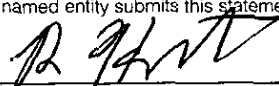
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 Robert D. Hutto, Jr.  
 503 North 3rd Street  
 Jacksonville, FL 32250

7. Name and Address of New Registered Agent  
 Name: Robert Hutto JR.  
 Street Address (P.O. Box Number is Not Acceptable): 6012-A E Hillsborough Ave  
 City: Tampa FL Zip Code: 33610

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:  Robert Hutto 8/21/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

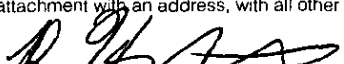
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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 Robert D. Hutto, Jr. 503 North 3rd Street Jacksonville, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brian G Smith 6012 A E Hillsborough Ave Tampa FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Hutto JR. 6012-A E Hillsborough Ave Tampa FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Robert Hutto 8/21/00 813-626-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)