2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # P99000079992 1. Entity Name 05-06-2002 90123 025 ***150.00 COUNTER ACTIVE, INC. Principal Place of Business Mailing Address 6012-A E HILLSBOROUGH AVE 6012-A E HILLSBOROUGH AVE TAMPA FL 33610 **TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address 54 +4 6712 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3598223 Tampa 1ampo Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUTTO, ROBERT D JR 6012-A E HILLSBOROUGH AVE **TAMPA FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ≥ Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 TITLE TITLE CR2E034 (9/01) ☐ Delete NAME HUTTO, ROBERT D NAME 9404 Hidden Ridge PL Temple Terrace, FL 33637 STREET ADDRESS 6012-A E HILLSBOROUGH AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33610 CITY-ST-ZIP ☐ Delete TITLE MO 9404 Hidden Ridge PL NAME NAME SMITH, BRIAN G 6012 A E HILLSBOROUGH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** TITLE Delete TITLE **VP** ☐ Addition NAME BURBRIDGE, JOHN P NAME STREET ADDRESS 2534 ARBORWOOD DR STREET ADDRESS CITY-ST-ZIP VALRICO_FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR