

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40530

1. Entity Name

COUNTER ATTRACTIONS PLUS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91278 007 ***550.00

Principal Place of Business

2598-28TH AVE N.
SAINT PETERSBURG FL 33713
US

Mailing Address

2598-28TH AVE N
ST PETERSBURG FL 33713
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3055878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIGNOUL, MICHAEL E.
2598-28TH AVE N
ST. PETERSBURG FL 33713

Name

VanderKolk, David B.

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

2598 - 28th. Ve. North

City

St. Petersburg,

FL

Zip Code

33713

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VANDER KALK, DAVID B	
STREET ADDRESS	2598-28TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VIGNOUL, MICHAEL E	
STREET ADDRESS	2598-28TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VIGNOUL, MICHAEL E	
STREET ADDRESS	2598-28TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST / V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VanderKolk, David B.	
STREET ADDRESS	2598 - 28th. Ave. North	
CITY-ST-ZIP	St. Petersburg, FL. 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/01 (727) 327-5799

Date

Daytime Phone #

CR2E034 (10/00)