2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # V48249 1. Entity Name					Apr 23, 2001 8:00 am Secretary of State			
COUNT	ER TECH INC.				04-23-2001 9023			
Principal Plac	te of Business	Mailing Address						
SUITE #132 SANFORD FL 3	,	PO BOX 740899 ORANGE CITY FL 32774 US			្រកពិធិ	017		
US 2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Po Bo x 470705 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State LAKE MONROE	F]	4.	FEI Number 59-3131530		plied For t Applicable	
ין ד ד <u>ב</u> 1 <u>7</u> ד	Country V5A 6. Name and Address of Current R	32747-0705	Country	_	Certificate of Status Desired Name and Address of New Register	\$8.75 Add Fee Required	d	
		egistered Agent	Name ¿	Scho t	. ^	_		
BRATCHER, TIMOTHY LLOYD 489 W HOLLY DRIVE P.O. BOX 740899 ORANGE CITY FL 32774			Street A	Street Address (P.O. Box Number is Not Acceptable)				
				232 WALLING FORD ST				
				ELTON			738	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	registered ag		1-16-0	,	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Ri	egistered Agent signat	ure required when re				
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 Star		50.00	Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND D		12.		DDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRATCHER, TIMOTHY PO BOX 740899 N/A ORANGE CITY, FL 32774	D uslete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presi Schott 2232 W	all worked 5	Change	Addition Addition	
TITLE	ST	Delete	TITLE	Secret	ary	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BRATCHER, SUSAN PO BOX 740899 ORANGE CITY, FL 32774		NAME STREET ADDRESS CITY-ST-ZIP	Schot 22321	t, Kizistine willingford St na FC 32738	,		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is to	his filing does not qualify for th	e exemption stat	ed in Section ave the same	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath: the	certify that the in	formation or director	

Indicated on this report or suppliermental 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 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. ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR