FILED

Jan 31, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P96000065174

DOCUMENT #

1. Entity Name



01-31-2003 90376 003 ***150.00 SEMINOLE SWAMP SEASONING, INC. Mailing Addréss Principal Place of Business C/O JAMES MCDANIEL BIG CYPRESS SEMINOLE INDIAN RESERVATION 90014898 2901 MYSTIC WARRIOR TRAIL P.O. BOX 2200 CLEWISTON FL 33440 TALLAHASSEE FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0692045 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDANIEL, JAMES C Street Address (P.O. Box Number is Not Acceptable) 2901 MYSTIC WARRIOR TRAIL TALLAHASSEE FL 32309 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITEF TITLE ☐ Delete DAVIS, RICHARD NAME NAME STREET ADDRESS ROUTE 2. BOX 447 STREET ADDRESS LABELLE FL 33935 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BILLIE, JAMES E NAME STREET ADDRESS STREET ADDRESS HC 61, 19 D **CLEWISTON FL 33440** CITY-ST-ZIP CHTY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME MCDANIEL, JAMES C NAME STREET ADDRESS 2901 MYSTIC WARRIOR TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32309 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Delete TITLE Change Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP