2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P98000096431 1. Entity Name HUNTING, FISHING, INC. 01-26-2000 90028 016 ***158.75 Principal Place of Business Mailing Address 12010 FRUITWOOD DRIVE 12010 FRUITWOOD DRIVE RIVERVIEW FL 33569 RIVERVIEW FL 33569-4127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State APPLIED FOR Not A. Jan Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELGERON ARTMAN, STEPHEN H Street Address (P.O. Box Number is Not Acceptable) 908 SOUTH FLORIDA AVENUE SUITE 102. COLONIAL BUILDING 2010 FRUITWOOD DR. LAKELAND FL 33803 VERVIEW 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. LOUIS H. BENGEROW PRES. CED. FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change ☐ Additior Delete TITLE BERGERON, LOUIS H NAME NAME STREET ADDRESS STREET ADDRESS 12010 FRUITWOOD DRIVE CITY-ST-ZIP RIVERVIEW FL 33569 CITY-ST-7IP Change | ☐ Additior ☐ Delete TITLE PREZIOSI, LOUIS NAME STREET ADDRESS 727 LITHIA PINECREST ROAD STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP BRANDON FL 33511 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Additior TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.