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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 18, 2001 8:00 am Secretary of State DOCUMENT # P98000096431 HUNTING, FISHING, INC. 01-18-2001 90020 023 ***150.00 Mailing Address Principal Place of Business 12010 FRUITWOOD DRIVE 12010 FRUITWOOD DRIVE RIVERVIEW FL 33569 RIVERVIEW FL 33569 UUUU4178 3. Mailing Address 2. Principal Place of Business 3134 STATIC ROAD 60 EAST 3134 STATE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FFI Number Applied For City & State 59-3551626 ALRIC Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent, BERGERON, LOUIS H Street Address (P.O. Box Number is Not Acceptable) 12010 FRUITWOOD DR 34 STATE ROAD 60 EAST SUITE 102, COLONIAL BUILDING RIVERVIEW FL 33569 VALRIC 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. BERGERON 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, 2001 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 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE TITLE BERGERON, LOUIS H NAME NAME 12010 FRUITWOOD DRIVE STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP City-St-7IP ☐ Addition Change ☐ Delete TITLE TITLE PREZIOSI, LOUIS NAME MARKE STREET ADDRESS STREET ADDRESS 727 LITHIA PINECREST ROAD CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 ☐ Addition ☐ Chânge TITLE Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete 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