CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am P98000096431 **Secretary of State** DOCUMENT # 1. Entity Name 01-16-2002 90236 050 ***158.75 HUNTING, FISHING, INC. Principal Place of Business Mailing Address 3134 STATE ROAD 60 F. 3134 STATE ROAD 60 E. VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3551626 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGERON, LOUIS H Street Address (P.O. Box Number is Not Acceptable) 3134 STATE ROAD 60 EAST VALRICO FL 33594 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BERGERON, LOUIS H NAME NAME 12010 FRUITWOOD DRIVE STREET ADORESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE PREZIOSI, LOUIS NAME NAME 727 LITHIA PINECREST ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITI E ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information

SIGNATURE:

changed, or on an attachment with an address

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