


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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90195 004 \*\*\*150.00

**DOCUMENT # P98000096431**

1. Entity Name  
**HUNTING, FISHING, INC.**



Principal Place of Business  
**3134 STATE ROAD 60 E.  
VALRICO FL 33594**

Mailing Address  
**3134 STATE ROAD 60 E.  
VALRICO FL 33594**

2. Principal Place of Business  
**440 BRANDON BLVD, EAST**

Suite, Apt. #, etc.

3. Mailing Address  
**440 BRANDON BLVD EAST**

Suite, Apt. #, etc.

City & State  
**BRANDON FL**

Zip  
**33511**

Country  
**USA**

City & State  
**BRANDON, FL**

Zip  
**33511**

Country  
**USA**

4. FEI Number **59-3551626**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BERGERON, LOUIS H**  
**3134 STATE ROAD 60 EAST**  
**VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name **LOUIS H. BERGERON**

Street Address (P.O. Box Number is Not Acceptable)  
**12010 FRUITWOOD DR.**

City **RIVERVIEW** FL Zip Code **33569**

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 *Louis H Bergeron* DATE **2/10/2003**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing - Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>BERGERON, LOUIS H</b>         |                                 |
| STREET ADDRESS | <b>12010 FRUITWOOD DRIVE</b>     |                                 |
| CITY-ST-ZIP    | <b>RIVERVIEW FL 33569</b>        |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>PREZIOSI, LOUIS</b>           |                                 |
| STREET ADDRESS | <b>727 LITHIA PINECREST ROAD</b> |                                 |
| CITY-ST-ZIP    | <b>BRANDON FL 33511</b>          |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Louis H Bergeron* **REQUIRED** DATE: **2/10/03** DAYTIME PHONE #: **813-571-9762**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)