## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900031678

1. Entity Name

AFRICAN GAME INDUSTRIES, INC.

Principal Place of Business

Mailing Address

100 PICKENS AVENUE SUITE 107 \_\_\_\_\_FL 32503

400 PICKENS AVENUE SUITE 107 PENSACOLA FL 32503-6459

FILED Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90151 035 \*\*\*150.00

610366



• .	ace of Business	3. Mailing Address						
Suite, Apt. #		Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPAC	CE		
<b>SuiTを 201-8</b> City & State		City & State		4. FEI Number		T TÂn	plied For	
PENSACOLA , FLORIDA		Only & Glaic		59 3581804		$\rightarrow$	t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		.75 Add		
250/	U5A		<u> </u>		Fee	Required	<u> </u>	
	6. Name and Address of Currer	it Registered Agent	Name	7. Name and Address of New Reg	istered Agei	<u> 11</u>		
			Name					
BALLARD, CRAIG W 400 PICKENS AVENUE SUITE 107 PENSACOLA FL 32503			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City	gistered agent, or both, in the State of Florid	ГЬІ	Zip Code	<del>.</del>	
Tax filing re	Signature, typed or printed name of registered agent and title if applicable  (NOTE. Regist corporation is eligible to satisfy its Intangible ling requirement and elects to do so.  criteria on back)    Signature, typed or printed name of registered agent and title if applicable (NOTE. Regist   FILE NOW!!! FE   After MAY 1, 2000 Fe   Make Check Payable to				ncing		<b>0</b> May Be to Fees	
	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIF	RECTORS	3 IN 11	
TLE	D	☐ Delete	TITLE			Change	☐ Addition	
ime Reet address Ty-ST-Zip	BALLARD, CRAIG W 400 PICKENS AVENUE SUITE PENSACOLA FL 32503	107	NAME STREET ADDRESS CITY-ST-ZIP					
LE - Me Reet address	-	Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
Y-ST-7IP								
TY-ST-ZIP  ILE  IME  REET ADORESS  TY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	☐ Addition	
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ILE  ME  REET ADORESS  IY-ST-ZIP  LE  ME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					

of the corporation or the receiver or tustee 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.

Daytime Phone #