(2/01)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

Jul 12, 2001 8:00 am DOCUMENT # N05514 **Secretary of State** 1. Entity Name 07-12-2001 90001 036 ****61.25 HURRICANE HUNTERS, INC. Principal Place of Business Mailing Address AUU/6614 % FITZSIMMONS. ROBERT J., JR. % FITZSIMMONS, ROBERT J., JR. 2818 CEDAR CREST DRIVE 2818 CEDAR CREST DRIVE **ORANGE PARK FL 32073** ORANGE PARK FL 32073 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEł Number 59-2477770 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FITZSIMMONS, ROBERT J. JR. 2818 CEDAR CREST DRIVE **ORANGE PARK FL 32073** Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be П Trust Fund Contribution. Department of State Added to Fees After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITI F TITLE FITZSIMMONS, ROBERT J.JR. NAME NAME STREET ADDRESS STREET ADDRESS 2818 CEDAR CREST DR CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL ☐ Change ☐ Addition DS Delete TITLE TITLE SIRCH, RICHARD W.F. NAME NAME STREET ADDRESS 2805 CEDAR CREST DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL Change Addition Delete TITL F TITLE REYNOLDS, WILLIAM I. NAME NAME STREET ADDRESS STREET ADDRESS RR 1. BOX 550 A CITY-ST-ZIP CITY-ST-ZIP CRESCENT CITY FL ☐ Change . 🔲 Addition ☐ Delete TITLE TITLE KEATING, ARTHUR L. NAME NAME STREET ADDRESS STREET ADDRESS 4341 VERONA AVE. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Delete Change TITLE FRY. THEODORE NAME NAME STREET ADDRESS STREET ADDRESS 4695 PINE GATE RD CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL ☐ Addition Change TITLE ☐ Delete TITLE PARHAM, GERLAD NAME STREET ADDRESS 2577 HALPERNS WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIDDLEBURG FL 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 supplied in the composition of the same legal effect as if made under eath; that I am an officer or director of the corporation or the feceiver of trustee among ergo to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if