2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90013 014 ***150.00

DOCUMENT # 437277

1. Entity Name
HUNTER TEXTBOOKS, INC.

Principal Place of Business	Mailing Address
~~823 REYNOLDA ROAD~~ WINSTON-SALEM NC 27104 US	2012 S. FLORIDA AVENUE ~~POST OFFICE BOX 2451~~ ~~LAKELAND FL 33806-2451~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 701 SHALLOWFORD ST.	3. Mailing Address: 225 E. Lemon Street, #300
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Post Office Box 24628
City & State: WINSTON SALEM NC	City & State: Lakeland, FL
Zip: 27101 Country: US	Zip: 33802 Country: USA

4. FEI Number 59-1506899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, CHRISTY F.
~~2012 S. FLORIDA AVE., PO BOX 2451~~
~~LAKELAND FL 33806~~

7. Name and Address of New Registered Agent

Name
225 East Lemon Street, Suite 300
Street Address (P.O. Box Number is Not Acceptable)
City Lakeland FL Zip Code 33801

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] Christy F. Harris 01/25/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ERLER,WILLIAM C		NAME		
STREET ADDRESS	9400 EDDINGS RD.		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FROHNAPFEL, JENNIFER		NAME		
STREET ADDRESS	823 REYNOLDA RD		STREET ADDRESS	701 Shallowford St.	
CITY-ST-ZIP	WINSTON SALEM NC		CITY-ST-ZIP	Winston-Salem, NC 27101	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/7/2002 (813) 920-4722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (William C. Erler, President) Date Daytime Phone #