2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am Secretary of State 484685 **DOCUMENT #** 1. Entity Name 07-30-2002 90379 016 ***550.00 TREK INTERNATIONAL SAFARIS, INC. Principal Place of Business Mailing Address 1503 THE GREENS WAY 1503 THE GREENS WAY JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1889655 City & State City & State Applied For Not Applicable Zip Country Country \$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 HANBURRY, MILTON H JR Street Address (P.O. Box Number is Not Acceptable) 1503 THE GREENS WAY JACKSONVILLE BEACH FL 32250 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 41 am familiar with; and accept the obligations of registered agent. TE: Registered Agent signature required when reinstating DATE 9. This corporation is eligible to satisfy its intangible (FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees 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 HANBURRY, MILTON H JR NAME NAME 1266 Fish Hook way Ponteredra Beach, Fla. 3063 CYPRESS CREEK DR N STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE HANBURRY, CARA C NAME NAME 3063 CYPRESS CREEK, DR. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PONTE VEDRA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Chance Addition NAME 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

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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