FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 30, 2001 8:00 am § Secretary of State DOCUMENT # 725600 1. Entity Name 03-30-2001 90337 029 \*\*\*\*61.25 BUNKER HILL, INC. Principal Place of Business Mailing Address 2180 WEST STATE ROAD, 434 2180 WEST STATE ROAD, 434 SUITE #5000 SUITE #5000 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1890264 Not Applicable Zip Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 W SR 434, STE #5000 City Zip Code LONGWOOD FL 32779 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME LOGSDON, DWIGHT NAME STREET ADDRESS 1051 S HIGHLAND ST 7A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MT DORA FL TITLE D) Delete TITLE ☐ Change Addition LÕBBY, STEVEN 1051\_S\_HIGHLA MANZI, J. P. NAME STREET ADDRESS 1051 S HIGHLAND ST 4A MOUNT DORA FL 32757 1051 S HIGHLAND ST 4E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 TITLE Delete TITLE ☐ Change ☐ Addition NAME EATON, JAMES NAME STREET ADDRESS 1051 S HIGHLAND ST 1D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 PD TITLE ☐ Delete TITLE D **□X** Change ☐ Addition NAME PEZZO, MARY NAME STREET ADDRESS 1051 S HIGHLAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MOUNT DORA FL 32756** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, MARCIA NAME STREET ADDRESS 1051 S HIGHLAND ST 1E STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP MOUNT DORA FL 32757 TITLE Delete TITLE Change ☐ Addition NAME RISSE, MARIE NAME STREET ADDRESS 1051 S HIGHLAND ST 7E STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** 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 617, 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:

Daytime Phone #