

2001 UNIFORM BUSINESS REPORT (UBR)

0012267 AF

DOCUMENT # A97000001601

1. Entity Name

CERAMIC HUNTERS, LTD.

Principal Place of Business

275 SW 60TH AVE.
OCALA FL 34474

Mailing Address

275 SW 60TH AVE.
OCALA FL 34474

FILED

01 MAY 14 AM 9:54

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7495 SW 38TH ST

Suite, Apt. #, etc.

3. Mailing Address

7495 SW 38TH ST

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34474

Country

USA

City & State

Ocala, Florida

Zip

34474

Country

USA

4. FEI Number

65-0764316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER & HUNTER INTERNATIONAL, INC.
426 N.W. 2ND AVENUE
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$88,212.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000090919
NAME HUNTER & HUNTER INTERNATIONAL, INC.
STREET ADDRESS 426 N.W. 2ND AVENUE
CITY-ST-ZIP Ocala FL 34475

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/01 352 861-7007
Date Daytime Phone #

CR2E003 (11/00)