

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90115 016 ***150.00

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1. Entity Name
EXECUTIVE HUNTING ADVENTURES, INC.

Principal Place of Business
**3280 4TH AVENUE, NE
NAPLES FL 34120**

Mailing Address
**3280 4TH AVENUE, NE
NAPLES FL 34120**



2. Principal Place of Business
30400 CR 833
Suite, Apt. #, etc.

3. Mailing Address
30400 CR 833
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CLEWISTON, FL

City & State
CLEWISTON, FL

4. FEI Number **01-0694459**

Applied For
Not Applicable

Zip
33440

Country
USA

Zip
33440

Country
USA

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

6. Name and Address of Current Registered Agent

**CLEMONS, MARK V
3280 4TH AVENUE, NE
NAPLES FL 34120**

7. Name and Address of New Registered Agent

Name **CLEMONS, MARK V.**
Street Address (P.O. Box Number is Not Acceptable)
30400 CR 833
City **CLEWISTON** FL **33440**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CLEMONS, MARK V.**

Mark V. Clemons

4-16-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS CLEMONS, MARK V 3280 4TH AVENUE, NE NAPLES FL 34120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS CLEMONS, MARK V. 30400 CR 833 CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Mark V. Clemons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

863-983-8999

Daytime Phone #

CR2E034 (10/02)