2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K11010** Feb 22, 2000 8:00 am 1. Entity Name BRADENTON GUN & KNIFE EXHIBITORS, INC. **Secretary of State** 02-22-2000 90050 014 ***150.00 Principal Place of Business Mailing Address 1008 57TH ST EAST 1008 57TH ST EAST **BRADENTON FL 34208-6206 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0026566 Not Applicable ·Country -- · \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDSON, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 1008 57 ST EAST **BRADENTON FL 34208** Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change Addition TITLE □ Delete HUDSON, CAROLYN NAME NAME STREET ADDRESS 1008 57 ST EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change ☐ Addition ☐ Delete TITLE HUDSON, DICK STREET ADDRESS 1008-MORGAN JOHNSON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ILHAROL HUDSON 2/15,2000 941-746