2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am **DOCUMENT # K11010 Secretary of State** 1. Entity Name BRADENTON GUN & KNIFE EXHIBITORS, INC. 03-20-2001 90008 031 ***150.00 Principal Place of Business Mailing Address 1008 57TH ST EAST 1008 57TH ST EAST BRADENTON FL 34208 **BRADENTON FL 34208** 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 65-0026566 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 **HUDSON, CAROLYN** Street Address (P.O. Box Number is Not Acceptable) 1008 57 ST EAST **BRADENTON FL 34208** 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete ☐ Addition TITLE ☐ Change HUDSON, CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 1008 57 ST EAST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL DST ☐ Delete TITLE Change ☐ Addition TITLE HUDSON, DICK NAME NAME STREET ADDRESS STREET ADDRESS 1008-MORGAN JOHNSON ROAD CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Delete --TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 CITY-ST-ZIP

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 RICHMADL. If UDS 6.