

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90004 029 \*\*\*\*50.00

DOCUMENT # L02000010631

1. Entity Name

HUNTER'S TRAIL MUZZLELOADING &amp; ARCHERY, LLC



Principal Place of Business

16 WEST ST. LOUIS AVENUE  
EUSTIS FL 32726

Mailing Address

16 WEST ST. LOUIS AVENUE  
EUSTIS FL 32726  
US

55004896

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

04-3657703

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.  
200 SOUTH ORANGE AVENUE  
2300  
ORLANDO FL 32801

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteMEMBER  
THOMAS WATSON  
22709 STATION DRIVE  
SARASOTA FL 32776TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteMEMBER  
THOMAS S. WATSON  
17147 LAKEVIEW CT  
UMATILLA, FL 32784TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas Watson SIGNATURE REQUIRED: THOMAS WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-2-03

952-483-4867

Date

Daytime Phone #

CR2E083 (10/02)