2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2002 8:00 am DOCUMENT # N0100007175 Secretary of State GAME FISH UNLIMITED, INC. 01-27-2002 90008 038 ****61.25 Principal Place of Business Mailing Address 5799 N.W. 23RD AVENUE 5799 N.W. 23RD AVENUE **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address EAST OCEAN BLUD 336 S. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PMB City & State City & State 4. FEI Number Applied For 65-11460 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required WARTH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOCKEY JOHN HOCKEY, JOHBN A 5799 N.W. 23RD AVENUE BOCA RATON FL 33496 BOCA RATON 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. HOCKEY PRESIDENT Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change HOCKEY, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS 6077 FOOTHILL GLEN COURT CITY-ST-ZIP CITY-ST-ZIF SAN JOSE CA 95123 ☐ Addition TITLE Change ☐ Delete NAME HOCKEY, JULIE-ANN N NAME STREET ADORESS STREET ADDRESS **6077 FOOTHILL GLEN COURT** CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95123 HOCKEY, ARTHUR A A Change TITLE D ☐ Delete TITLE 5799 N.W. Z3 RD AVENUE NAME HOCKEY, ARTHUR A NAME STREET ADDRESS STREET ADDRESS 6077 FOOTHILL GLEN COURT BOCA RATON, FL CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95123 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #