

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005606

FILED
May 13, 2003
Secretary of State

Entity Name: SPORTSMAN'S WEEKEND, INC.

Current Principal Place of Business:

13771 WATERFRONT DRIVE
PINELAND, FL 33945

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 654
PINELAND, FL 33945

New Mailing Address:

FEI Number: 47-0878698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, ROBERT A III
13771 WATERFRONT DRIVE
PINELAND, FL 33945

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WELLS, ROBERT A III
Address: POST OFFICE BOX 200
City-St-Zip: PINELAND, FL 33945

Title: CVS () Delete
Name: WELLS, ROBERT A JR
Address: POST OFFICE BOX 200
City-St-Zip: PINELAND, FL 33945

Title: CEO () Delete
Name: METHENY, MARVIN L JR
Address: 1513 SOUTH GEORGIA AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: WELLS, ROBERT A III
Address: POST OFFICE BOX 200
City-St-Zip: PINELAND, FL 33945

Title: DCOO (X) Change () Addition
Name: WELLS, ROBERT A JR
Address: POST OFFICE BOX 200
City-St-Zip: PINELAND, FL 33945

Title: DCFO (X) Change () Addition
Name: METHENY, MARVIN L JR
Address: 1513 SOUTH GEORGIA AVE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WELLS

DCEO

05/13/2003

Electronic Signature of Signing Officer or Director

Date