2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am secretary of State **DOCUMENT # N50044** 1. Entity Name 03-08-2001 90099 041 ****61.25 PIN HOOK WILDLIFE MANAGEMENT, INC. Principal Place of Business Mailing Address 4901 DOBSON ROAD 4901 DOBSON_ROAD JAY FL 32565 JAY FL-32565 HS HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3194268 Not Applicable Zip Country Zio 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 Street Address (P.O. Box Number is Not Acceptable) JORDAN, BILLY 4901 DOBSON ROAD JAY FL 32565 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. **VPD** CR2E037 (10/00) TITLE TITLE ☐ Change Addition Deleta NOWLING, MICHEAL NAME NAME 3150 BLVD DIAMOND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAY FL 32565 CITY-ST-ZIP PD Change ☐ Addition TITLE ☐ Delete JORDAN, BRENT NAME STREET ADDRESS 4901 DODSON RD STREET ADDRESS CITY-ST-ZIP JAY FL 32565 CITY-ST-ZIP STD ☐ Delete ☐ Change ☐ Addition JORDAN, BILLY NAME NAME STREET ADDRESS 4901 DOBSON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JAY FL 32565 Change TITLE ☐ Delete TITLE ☐ Addition NOWLING, ELTON NAME NAME 3150 BLVD DIAMOND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAY FL 32565 Delete Change ☐ Addition TITLE TITLE LASSITER, JESSE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

9667 HWY. 89 N

GOLDEN, DANIEL

ROUTE 1, BOX 396

JAY FL

JAY FL

3-5-01

860+675-6562 Davime Phone #

□ Change

☐ Addition