

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000846

1. Entity Name

TOP GUN SUPERSTARS CLUB, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90057 046 ****61.25

Principal Place of Business

Mailing Address

4211 E BUSCH SLVD
STE G
TAMPA FL 33617

4211 E BUSCH SLVD
STE G
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491452

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON, MIKE
5620 E. FOWLER AVE.,STE.D
TAMPA FL 33617

Name Mike Hudson

Street Address (Post Box Number is Not Acceptable)

4211 E. Busch Blvd Suite G

City Tampa

FL

Zip Code

33617

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DP
STREET ADDRESS HUDSON, SCOTT
CITY-ST-ZIP 1231 ST LUCIA ISLE
TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DVP
STREET ADDRESS HUDSON, LINDA
CITY-ST-ZIP 11945 N RIVERHILLS DR
TAMPA FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DT
STREET ADDRESS HUDSON, MIKE
CITY-ST-ZIP 11945 N RIVERHILLS DR
TAMPA FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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 OF MICHAEL H. HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)