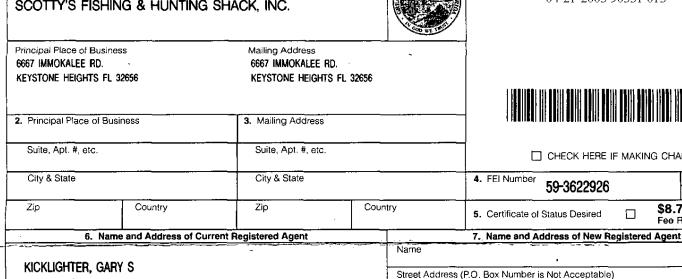
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P00000011149 DOCUMENT #

1. Entity Name

6667 IMMOKALEE RD.

SCOTTY'S FISHING & HUNTING SHACK, INC.



## Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90331 013 \*\*\*150.00

☐ CHECK HERE IF MAKING CHANGES	
FEI Number <b>59-3622926</b>	Applied For
	Not Applicable
Certificate of Status Desired   \$8.75 Additional Fee Required	

**KEYSTONE HEIGHTS FL 32656** City 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 of registered agent the obliga SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KICKLIGHTER, GARY S NAME STREET ADDRESS 6667 IMMOKALEE ROAD STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME KICKLIGHTER, PAULA S NAME STREET ADDRESS 6667 IMMOKALEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachi

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition