

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 MAY 28 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000026080

1. Entity Name
BIG GAME PRO SHOP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2060 KELLY PARK ROAD
Suite, Apt. #, etc.

3. Mailing Address
2060 KELLY PARK ROAD
Suite, Apt. #, etc.

City & State
APOPKA, FL

City & State
APOPKA, FL

4. FEI Number
59-36292-36

Applied For
Not Applicable

Zip
32712

Country
USA

Zip
32712

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PHILLIP WHIGHAM, PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)
2060 KELLY PARK ROAD

City APOPKA **FL** **Zip Code** 32712

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 *Phillip Whigham, Pres* *Phillip Whigham* *5-13-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PHILLIP WHIGHAM</i> PHILLIP WHIGHAM 2060 KELLY PK RD APOPKA FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>300005978123--4</i> -06/25/02--01046--023 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V</i> KATHY WHIGHAM 2060 KELLY PARK RD APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phillip Whigham, Pres* *Phillip Whigham* *5-13-02* *407-886-8111*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)