## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 22, 2002 8:00 am Secretary of State P00000039003 DOCUMENT # 1. Entity Name D.B. HUNT ENTERPRISES, INC. 01-22-2002 90095 009 \*\*\*150 00 Principal Place of Business Mailing Address 12471 PARK AVENUE 12471 PARK AVENUE WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3644095 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FL., INC** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE **SUITE 1100** ORLANDO FL 32801 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITI F HUNT, DONALD B SR. NAME NAME 12471 PARK AVENUE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE HUNT, DONALD B JR. NAME NAME 12471 PARK AVENUE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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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 supplimental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachmer

SIGNATURE:

FILED