FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90068 028 ***150.00

DOCUMENT # B0:0000062557

1. Entity Name
HUNTERS VENTURE CAPITALIST INC.

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B0057671

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1883 N.W. 141ST AVE	1883 N.W. 141ST AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FLORIDA	City & State: PEMBROKE PINES, FLORIDA
Zip: 33025 Country: BROWARD	Zip: 33025 Country: BROWARD

4. FEI Number 65-1017004 ☐ Applied For ☐ Not Applicable

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: DONALD TRIMAS
Street Address (P.O. Box Number is Not Acceptable): 1883 N.W. 141ST AVENUE
City: PEMBROKE PINES **FL** Zip Code: 33028

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. 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	D	TITLE	
NAME	TRIMAS, SCOTT J.	NAME	
STREET ADDRESS	8313 SEVEN MILE DR.	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA, FL 32082	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BUSCH, JAMES C.	NAME	
STREET ADDRESS	1111 HAZELTINE LANE	STREET ADDRESS	
CITY-ST-ZIP	KENNESAW, GA 30152	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	WHITESELL, JOHN BELL	NAME	
STREET ADDRESS	2400 CRESTMOOR RD.	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37215	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: [signature] SCOTT TRIMAS PRESIDENT 3/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #