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BULLMASTERS, INC. OS-12-2001 90038 028 ***158.75 Principal Piece of Business IDI KE RSST AVE OCALA FI. 34070 107 AE RSST AVE OCALA FI. 34070 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPAC		JMENT	# P000000	INESS REPO 074662	RT	(ÚE	BR)]	Jun 05, Secret	FILED 2001 ary of	8:00	am e
TO ME RISEST AVE OCALA FI. 34470 12. Principal Place of Business Suite, Apti. 4, etc. Coy & State Country C	BULLM	IASTERS,	INC.			• •				•		
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Country Country S. Corullicate of Statute Desired Special Sp	City & Sta	ete		City & State						 -		<u>-</u>
S. Name and Address of Current Registered Agent HOFFMAN, DAVID M 107 NE FIRST AVE CCALA FL 34470 8117 SW 41ST, ST, PL RD City OCALA FL 346781 8. The above named entity sugmits this statement for the purpose of changing its re juitaned office or registered agent, or both, in the State of Plorids. SIGNATURE SIGN	Zip	^	Country	Zip	Cour	ntry				3. \$8.75 A	dditional	7
HOFFMAN, DAVID M 107 NE FIRST AVE OCALA F. 34470 8. The above named entity sugmiss this statement for the purpose of changing its religiative diffice or registered agent, or both, in the State of Forda. 8. The above named entity sugmiss this statement for the purpose of changing its religiative diffice or registered agent, or both, in the State of Forda. 8. The above named entity sugmiss this statement for the purpose of changing its religiative diffice or registered agent, or both, in the State of Forda. 8. The above named entity sugmiss this statement for the purpose of changing its religiative diffice or registered agent, or both, in the State of Forda. 8. The above named entity sugmiss this statement for the purpose of changing its religiative diffice or registered agent, or both, in the State of Forda. 8. The above named entity sugmiss this statement for the purpose of changing its religiative difficult registered agent, or both, in the State of Forda. 8. The above named entity sugmiss this statement for the purpose of changing its religiative difficult registered agent, or both, in the State of Forda. 8. The above named entity sugmiss this statement for the purpose of changing its religiation. 8. The above named entity sugmiss this statement for the purpose of changing its religiation. 8. The above named entity sugmiss this statement for the purpose of changing its religiation. 9. The County of the Control of Total Purpose of		6. Name	and Address of Current F	Registered Agent		Name	TEDO			lered Agent		-
8 117 SW 41ST, ST PL RD City OCALA FL 34470 8. The above named entity sugmits this statement for the purpose of changing its re jistered agent, or both, in the State of Florida. SIGNATURE SIGNAT							 -			-		-
8. The above named entity submits this statement for the purpose of changing its re jistered office or registered agent, or both, in the State of Florida. SIGNATURE									W 41ST STOPI. RD			-
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Tax ling requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE D TILE NAME HOFFMAN, DAVID M STREET ADDRESS TILE P/D LEROY MASON STREET ADDRESS CITY-SI-2P OCALA FI 34470 Delete TILE NAME STREET ADDRESS CITY-SI-2P OCALA FI 34470 Delete TILE NAME STREET ADDRESS CITY-SI-2P OCALA FI 34470 Delete TILE NAME STREET ADDRESS CITY-SI-2P OCALA FI 34470 OCALA FI 34481 OCALA FI			en Hoso							DATE 4-30	2-01	
MAKE HOFFMAN, DAVID M 107 NE FIRST AVE COLAL FL 34470	Tax filing requirement and elects to do so. After MAY 1,				01 Fee will be \$550.00			Trust Fund Contribution Added to Fees				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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's gnature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as 1 squired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an eddress, with all other like empowered. LEROY MASON 4/25/01 (352) 861-0391	TITLE NAME			☐ Delete	TITLE NAME					Change	Addition	
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CONTRIBUTION OF THE PROPERTY O	of the corp	coration or the	regeiver or trustee empowe	ered to execute this report as								٠
	SIGNAT	URE:	Jan Mo SIGNATURE PRO TYPED OR PRIN	TED NAME OF BIGNING OFFICER OR			MASON	1			1	