

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90355 015 \*\*\*150.00

DOCUMENT # **P 000000 75.781**

1. Entity Name

**WHO GOT GAME, Inc**

Principal Place of Business

Mailing Address

**Kraig M Hardy**

**P.O. Box 180208**

**Tallahassee, Fl. 32318**

2. Principal Place of Business

3. Mailing Address

**Kraig M Hardy**

**Kraig M Hardy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 180208**

**P.O. Box 180208**

City & State

City & State

**Tallahassee, Fl**

**Tallahassee, Fl.**

Zip

Country

Zip

Country

**32318**

**USA**

**32318**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Kraig M Hardy**

**P.O. Box 180208**

**Tallahassee, Fl. 32318**

Name

**Kraig M Hardy**

Street Address (P.O. Box Number is Not Acceptable)

**412 Westwood Dr. North**

City

**Tallahassee**

**FL**

Zip Code

**32304**

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

**Kraig Collier M Hardy / President**

**3/8/01**

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)

☒

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☒ Addition

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☐ Change ☒ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Kraig M Hardy**

**3/8/01**

**(850) 488-4467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)