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2001 UNIFORM BUSINESS REFORT (UBR)

Jun 05, 2001 8:00 am DOCUMENT # P0000080240 **Secretary of State** 1. Entity Name 04-30-2001 90400 002 ***150.00 H & L SPORTS, INC. Principal Place of Business Mailing Address 6558 DOG TRACK 1947 Rd. 6558 DOG TRACK DR R. EBRO FL 32437 EBRO FL 32437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HESS, HARRY 1688. L. Street Address (P.O. Box Number is Not Acceptable) 6558 DOG TRACK DR EBRO FL 32437 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when reinstating DATE FILE NOW!!: FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE HESS, HARRY LEE Harry L. Hess NAME NAME 6558 DOG TRACK DR STREET ADDRESS 6558 Dog Track Rd. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP EBRO FL 32437 Ebro, FL 32437 ☐ Addition DST ☐ Chance TITLE **X** Delete TITLE PAUL, MAXWELL LEE NAME 5013 E 4TH ST, LOT 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 Addition TITLE ☐ Change TATLE Delete NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 datum in signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is a 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.

4/20/01