2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 04, 2002 8:00 am DOCUMENT # P01000043258 Secretary of State 1. Entity Name 02-04-2002 90187 011 ***158.75 HUNTER'S EMBROIDERY SHOP, INC. -- ONLY Principal Place of Business Mailing Address 5511 N.E. 20TH AVENUE 5511 N.E. 20TH AVENUE *1000*155411 OCALA FL 34479 OCALA FL 34479 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59 - 3 Applied For City & State City & State 15136 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUNTER, RHONDA G Street Address (P.O. Box Number is Not Acceptable) 5511 N.E. 20TH AVENUE OCALA FL 34479 Zip Code City FL 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 DATE (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 After May 1, 2002 Fee will be \$550.00 Tax-filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition CR2E034 (9/01) Change President ☐ Delete TITLE TITLE NAME Hunter STREET ADDRESS NEZOTA AM. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete onda G. Hunter 11 NE 20th Ave. NAME NAME STREET ADDRESS STREET ADDRESS FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ... Delete NAME STREET ADDRESS ZOM AVE STREET ADDRESS CITY-ST-ZIP واوح CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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