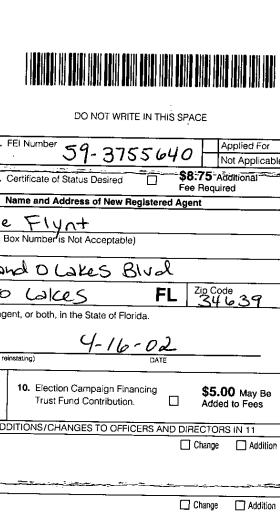
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000106899 1. Entity Name FLORIDA ADVENTURE OUTFITTERS, INC. Principal Place of Business Mailing Address 4334 LAND O LAKES BOULEVARD 4334 LAND O LAKES BOULEVARD LAND O' LAKES FL 34639 LAND O' LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City P. State

FILED Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90198 048 ***150.00



Oity & State			City & State	City & State		59-37550	640 H	Applied For
Zip		Country	Zip	Country	=======================================	the second secon	\$8:75-A	Not Applicable
	6 Nome	and Address - 40				Certificate of Status Desired	Fee Requi	red
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
SPIFGF	L & UTRERA,	РΔ		Name	Julie Flynt			
	W 22ND ST.	1 11 (1)		Street /	Street Address (P.O. Box Number is Not Acceptable)			
4TH FLOOR					112211 1 2 1 2 1			
l l	L 33145			43	4334 Land O Lakes Blud			
					and c	o Wices	FL Zip Co	de 639
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 Julie Flynt 4-16-02								
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 FILE NOW!!! FEE IS \$150.00								
Tax filing requirement and elects to do so. After May 1, 2002				2 Fee will be \$5	50.00	10. Election Campaign Financing		00 May Be
Make Check Payable to					t of State	Trust Fund Contribution.	∐ Adde	d to Fees
11.	PTD	OFFICERS AN	ID DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 11
NAME							☐ Change	☐ Addition
STREET ADDRESS 4334 LAND O LAKES BOULEVARD				NAME STREET ADDRESS				
<chy-8;=5!₽>-</chy-8;=5!₽>	LAND O'L	AKES FL 34639		≒a≓CitY≛ST=ZiP∽≉ c				
NAME *	SVD		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS	FLYNT, JUI	lie L) O Lakes Boulev <i>i</i>	ישי	NAME				_
CITY-ST-ZIP	1001 0 110	AKES FL 34639	NAU .	STREET ADDRESS CITY-ST-ZIP				
TITLE			□ Delete	TITLE				
NAME				NAME			Change	☐ Addition
STREET ADDRESS CITY - ST - ZIP	S			STREET ADDRESS				
TITLE	 			CITY-ST-ZIP				
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STREET ADDRESS	S			STREET ADDRESS				
CITY-ST-ZIP	 			CITY-ST-ZIP				
TITLE NAME			Delete	TITLE	<u>-</u>		☐ Change	Addition
STREET ADDRESS	,			NAME				
CITY-ST-ZIP				STREET ADORESS CITY-ST-ZIP				İ
TITLE			☐ Delete	TITLE		 	☐ Change	Addition
NAME STREET ADDRESS				NAME			- Ollange	Addition
STREET ADDRESS CITY-ST-ZIP	1			STREET ADDRESS				
				CITY-ST-ZIP				

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:07(3)(1). 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: