

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000005812**

1. Entity Name

SPORTSMANS EXPRESS INC.**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90338 023 ***158.75

Principal Place of Business

Mailing Address

1561 E BEAVER ST
JACKSONVILLE FL 32220
US1561 E BEAVER ST
JACKSONVILLE FL 32202-1503
US

2. Principal Place of Business

3. Mailing Address

4082 E Bennett St
Suite, Apt. #, etc.4082 E Bennett St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Inverness, FL

Inverness, FL

Zip

Country

Zip

Country

32202

Citrus

34453

Citrus

4. FEI Number

59-3163698

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENTURK, MAURINE
14685 S.W. 28TH COURT
SUMMERFIELD FL 34491

Name

Maurine Senturk

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

4082 E Bennett St

City

Inverness

FL

Zip Code

34453

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

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, 2000 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
P
SENTURK, MAURINE
1561 E BEAVER ST
JACKSONVILLE FL 32202
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Maurine Senturk
4082 E Bennett St
Inverness, FL 34453
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

341-5602(352)

Daytime Phone #

CR2E034 (9/99)