2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED DOCUMENT # **P93000053695** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name ADVENTURE VENTURES OF NORTH FLORIDA, INC. 04-13-2000 90089 023 ***150.00 Principal Place of Business Mailing Address 101 NW 75 ST 101 NW 75 ST GAINESVILLE FL 32607 GAINESVILLE FL 32607-1685 บร US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3195421 Not Applicable Country Zip 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 PUGH, MERRILL Street Address (P.O. Box Number is Not Acceptable) 101 NW 75 ST STE 1 GAINESVILLE FL 32607 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD ☐ Addition ☐ Change TITLE ☐ Delete TITLE PUGH, MERRILL NAME NAME STREET ADDRESS 101 NW 75 ST. STE 1 STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE PLA, JOHN NAME 5811 NW 59 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 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