2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 10, 2002 8:00 am Secretary of State R94000066450 DOCUMENT # 1. Entity Name 04-10-2002 90758 035 ***158.75 TROPHY HUNTER, INC. Principal Place of Business Mailing Address 777-S HARBOUR ISLAND BLVD. - P.O. BOX 419-SUITE-270 -TAMPA FL 33001 JAMPA-FL 93002 2. Principal Place of Business 3. Mailing Address 10124 FOX hurst Court 0124 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3264602 Not Applicable Country 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 Name Steven A. Van Dyke Street Address (P.O. Box Number is Not Acceptable) 10124 FOXHURST COURT -777 S. HARBOUR ISLAND BLVD: orlando, FC 32836 SUITE-270 TAMPA FL 33602 City 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, 2002 Fee will be \$550.00 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 CR2E034 (9/01) TITLE Change Addition TITLE ☐ Delete NAME van dyke, steven a MUSTCOULL 46101 -777-3 HARBOUR ISLAND BLVD. STE 270 STREET ADDRESS TAMPA FL 33602 -CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition XMUTST COUR NAME MAYSE, SHELLY C. 1019A STREET ADDRESS 777 3 HARBOUR ISLAND BLVD., STREET ADDRESS CITY-ST-ZIP ઝ₹ૐ TITLE ☐ Delete -TITLE ☐ Change ☐ Addition TEITELBAREN, DOUGLAS P NAME STREET ADDRESS 885 THIRD AVENUE 34TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB 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.