

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90161 029 ***150.00

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1. Entity Name
SUWANNEE VALLEY OUTDOOR PRODUCTS, INC.



Principal Place of Business
**PO BOX 917
MONTICELLO FL 32344**

Mailing Address
**PO BOX 917
MONTICELLO FL 32344**



2. Principal Place of Business
1070 E. Lafayette St.

3. Mailing Address
1070 E. Lafayette St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 109

SUITE 109

City & State
Tallahassee FL

City & State
Tallahassee, FL

Zip Country
32301 Leon

Zip Country
32301 LEON

4. FEI Number **59-3323874**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUSZAGH, LEE
249 EAST VIRGINIA STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CDO			
	ESCHENBACHER, R J			
	307 CANOPY LANE			
	MONTICELLO FL 32344			
	ST			
	PICKERING, RONALD			
	2889 SOMERSET DR			
	LANTANA FL 33462			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	CEO				
	Michael S Rumpson				
	5410 Dayflower Cir				
	Tallahassee, FL 32301				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R J ESCHENBACHER **REQUIRE** **ESCHENBACHER** **850-877-5003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)