2000 UNIFORM BUSINESS REPORT (UBR)

May 19, 2000 8:00 am Secretary of State DOCUMENT # **P95000090880** 1. Entity Name HOT SHOT, INC. 05-19-2000 90027 050 ***150.00 Mailing Address Principal Place of Business 2700 EDGEWATER COURT 2700 EDGEWATER COURT FORT LAUDERDALE FL 33332-3403 FORT LAUDERDALE FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0625740 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTMANN, JACOLYN Street Address (P.O. Box Number is Not Acceptable) 2700 EDGEWATER COURT FORT LAUDERDALE FL 33332 Zip Code City 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change Delete TITLE HARTMANN, REINER NAME NAME 2700 EDGEWATER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33332 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE HARTMANN, JACOLYN NAME NAME 2700 EDGEWATER COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33332 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE 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

SIGNATURE:

changed, or on an attachm

BIGNA ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

FILED

954-38449