2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State
05-29-2003 90135 017 ***150.00

0367988 AV

DOCUMENT # P95000090880

1. Entity Name
HOT SHOT, INC.

Principal Place of Business	Mailing Address
2700 EDGEWATER COURT FORT LAUDERDALE FL 33332	2700 EDGEWATER COURT FORT LAUDERDALE FL 33332

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0625740 ☐ 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
HARTMANN, JACOLYN 2700 EDGEWATER COURT FORT LAUDERDALE FL 33332	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMANN, REINER 2700 EDGEWATER COURT FORT LAUDERDALE FL 33332 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMANN, JACOLYN 2700 EDGEWATER COURT FORT LAUDERDALE FL 33332 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED Jacolyn Hartmann 5-1-03 (954) 384 4935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2854 T.P.M.N. STATE OF FLORIDA

attachment 8012258

OFFICE OF VITAL STATISTICS

CERTIFIED COPY

1 P5000090880

X We had a death in the family Please except the check late We 2 wks Sincerely Jackie Hartmann

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME: First: Reiner Middle: Hartmann Last:
8. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 7, 2003 (Found)
4. SOCIAL SECURITY NUMBER: 590-05-1206
5a. AGE-Last Birthday (years): 44
5b. UNDER 1 YEAR - Months / Days
5c. UNDER 1 DAY - Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 8, 1958
7. BIRTHPLACE (City and State or Foreign Country): Germany
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO
9a. PLACE OF DEATH (Check only one - see instructions or other side): Hospital - Inpatient / Emergency Room / DOA / OTHER: Nursing Home X / Residence / Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): Yes
9c. FACILITY NAME (If not institution, give street and number): 801 Lavander Circle
9d. CITY, TOWN, OR LOCATION OF DEATH: Weston
9e. COUNTY OF DEATH: Broward
10. IF FEMALE, WAS DECEDENT PREGNANT DURING LAST YEAR OF WORKING LIFE, OR WITHIN 1 YEAR OF DEATH? (Yes, No, Unknown)
10a. DECEDENT'S USUAL OCCUPATION: Professional Boxer
10b. KIND OF BUSINESS/INDUSTRY: Professional Sports
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SURVIVING SPOUSE (If wife, give maiden name):
13a. RESIDENCE - STATE: Florida
13b. COUNTY: Broward
13c. CITY, TOWN, OR LOCATION: Weston
13d. STREET AND NUMBER: 801 Lavander Circle
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 33332
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican, Puerto Rican, etc.): X No ___ Yes Specify:
15. RACE - American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0 - 12): 12 College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Lothar Hartmann
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hilda Kraus
19a. INFORMANT'S NAME: Jacolyn Hartmann
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2700 Edgewater Ct, Weston, FL 33332
20a. METHOD OF DISPOSITION: X Burial / Cremation / Donation / Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery or crematory): ABCO Crematory
20c. LOCATION - City or Town, State: Ft. Lauderdale, FL
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. LICENSE NUMBER (or Unlicensed): FD-464
21c. NAME AND ADDRESS OF FACILITY: T.M. Ralph Funeral Home 33325 877 N.W. 136th Ave., Sunrise, FL
22. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.
23a. DATE SIGNED (Mo., Day, Yr.): April 8, 2003
23b. HOUR OF DEATH: (Found) 3:50 PM
24a. NAME, ADDRESS, AND LICENSE NUMBER OF ATTENDING PHYSICIAN OR OTHER (Type or Print):
24b. DATE OF LAST EXAMINATION: 03 - 12 - 04/79
25. NAME AND ADDRESS OF CERTIFIER (If MEDICAL EXAMINER) (Type or Print): Rogelio Perner MD
MEDICAL EXAMINER 5301 S.W. 31st Ave. Ft. Lauderdale, FL 33312
25a. SURVEYING PHYSICIAN'S SIGNATURE AND DATE:
25b. CERTIFIER'S SIGNATURE:
25c. DATE REGISTERED: APR 15 2003

I HEREBY CERTIFY THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

APR 15 2003

Deputy Chief Registrar

State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1684 (10/88)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED