05/01/02 WED 16:27 FAX 850 681 0069 BELINDA TAKACH FRANCE

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90034 013 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025737

1. Entity Name
Hunter's Trace Properties, Inc

851188

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1363 Lake Shore Dr
Suite, Apt. #, etc.
City & State: Clermont, Fl
Zip: 34711 Country: USA

3. Mailing Address: 1363 Lake Shore Dr
Suite, Apt. #, etc.
City & State: Clermont, Fl
Zip: 34711 Country: USA

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4. FEI Number: 59-3377369 | Applied For | Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Belinda T. France, Esq.
Street Address (P.O. Box Number is Not Acceptable): 703 E. Tennessee St
City: Tallahassee FL Zip Code: 32308

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Wade, Bob
STREET ADDRESS	1363 Lake Shore Dr.
CITY-ST-ZIP	Clermont, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2002
Date Daytime Phone #