2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P96000085976** May 31, 2000 8:00 am Secretary of State SHOTGUN SPORTS, INC. 05-31-2000 90061 005 ***150.00 Mailing Address Principal Place of Business 975 BEAR ISLAND CIR. 975 BEAR ISLAND CIR. WEST PALM BEACH FL 33409-2062 WEST PALM BEACH FL 33409 2. Principal Place of Business 2129 SW Locks Road 3. Mailing Address 2129 SW Locks Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0711566 Not Applicable Stuart, FL Stuart, Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 34497 Martin 34497 Martin 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRASWELL, DANIEL E I Street Address (P.O. Box Number is Not Acceptable) 2129 SW Locks Road 975 BEAR ISLAND CIR WEST PALM BEACH FL 33409 Stuart ^Z3 449 7 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Ø (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. X Change ☐ Addition TITLE ☐ Delete TITI F BRASWELL, DANIEL E III NAME NAME 2129 SW Locks Road STREET ADDRESS 975 BEAR ISLAND CIR. STREET ADDRESS Stuart, FL 34497 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition ☐ Change Delete TITLE TITLE ybrasweel ybanbark x NAME NAME STREET ADDRESS XXXXBEARXISIANIX BIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP XVESTXBAKIX BBAGH FIX36409 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE: Daniel E. Braswell III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date