## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P97000022907 GREAT OUTDOORS TRADING COMPANY OF HIGH SPRINGS. 03-14-2001 90215 018 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 387 65 NO MAIN STREET HIGH SPRINGS FL 32655 HIGH SPRINGS FL 32643 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3432345 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, GRAHAM D Street Address (P.O. Box Number is Not Acceptable) 65 NO MAIN STREET HIGH SPRINGS FL 32643 Zip Code FL 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete Change TITLE TITLE WILLIAM, GRAHAM D NAME NAME STREET ADDRESS PO BOX 387 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32643 TITLE ☐ Delete TITLE Change Addition WILLIAMS. DIANE L NAME NAME STREET ADDRESS PO BOX 387 STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS FL 32643 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME REET ADDRESS STREET ADDRESS

It is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the technique or trustee empo er or trustee empowered changed, or on an attachin

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