05/01/02 WED 16:28 FAX 850 681 0069 BELINDA TAKACH FRANCE

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90034 012 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035380

1. Entity Name
Hunter's Trace Investments, Inc

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851189

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2. Principal Place of Business	3. Mailing Address
1363 Lake Shore Dr	1363 Lake Shore Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont FL	City & State: Clermont FL
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. FEI Number: 59-3440329 ☐ 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 1 - May 1: Fee is $150.00. After May 1: 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	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Bob Wade 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #