2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # **P97000106699** 05-17-2001 91079 040 ***158.75 GAINESVILLE INSTITUTE OF SELF DEFENSE, INC. Principal Place of Business Mailing Address 602 N. W. 75TH ST. 602 N. W. 75TH ST. SUITE C SUITE C GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address 602 NW 75th Street - Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Applied For City & State City & State 4. FEI Number 21-2821912 Gainesville Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32607 6. Name and Address of Current Registered Agent-7:-Name and Address of New Registered Agent Name Hunter, Steven Wayne **HUNTERA, STEVEN WAYNE** Street Address (P.O. Box Number is Not Acceptable) 602 NW 75+4 Stree+ 602 N. W. 75TH ST. SUITE C Sulte GAINESVILLE FL 32607 City Zip Code Gainesville 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 Steven W. Hunter 5-1-2001 President SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Change TITLE ☐ Delete HUNTER, STEVEN W NAME NAME STREET ADDRESS 602 N. W. 75TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32607** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUNTER, MAI G NAME NAME STREET ADDRESS STREET ADDRESS 602 N. W. 75TH ST. CITY-ST-ZIP CITY-ST-ZIP Gainesville FL 32607 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2001

Daytime Phone #

FILED