2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000109110 May 03, 2000 8:00 am 1. Entity Name Secretary of State HUNTER DEVELOPMENT GROUP, INC. 05-03-2000 90101 005 ***150.00 Mailing Address Principal Place of Business 835 SUMMER WINDS COURT 835 SUMMER WINDS COURT ORLANDO FL 32806-7161 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address 50x 568803 2202 CURRUFORDE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-3488479 Not Applicable PLANDO Country \$8.75 Additional 5. Certificate of Status Desired Fee Required RANGE DEANGE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Bex Number is Not Acceptable) HUNTER LEVELOPMENT GROUP INC HUNTER, DAVID M 835 SUMMER WINDS COURT ORLANDO FL 32806 Ford Rd Suite Zip Code 32806 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. PRESIDENT'SECRETARY TREASURER THOMAS **X** Delete TITLE TITLE HUNTER, DAVID NAME NAME 1857 LAKE GROVE LANE 835 SUMMER WINDS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806-7161 CITY-ST-ZIP ORIANdo. Vice President ☐ Addition Change Change **D**elete TITLE KENT, JOY NAME NAME Heather Highee 5% Park Lake Street 835 SUMMER WINDS COURT STREET ADDRESS STREET ADDRESS CITY-ST: ZIP- - -CITY-ST-ZIP ORLANDO FL 32806-7161 Oplando, F Vice President Delete Thange Addition TITLE TITLE Dead L. BRANTLY Road HUNTER, DAVID NAME NAME STREET ADDRESS 835 SUMMER WINDS COURT STREET ADDRESS ORLANDO FL 32806-7161 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE HIGBEC, HEATHER NAME NAME **56 PARK LAKE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MATTERN, TINA W NAME NAME 1857 LAKE GROVE LAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: