2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000059284 SPORTSMAN SERIES, INC. 05-14-2001 90224 029 ***150.00 Principal Place of Business Mailing Address 975 SHOTGUN RD 975 SHOTGUN RD SUNRISE FL 33326 SUNRISE FL 33326 D0050822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0852536 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IVAN, LEONARD Street Address (P.O. Box Number is Not Acceptable) 975 SHUTGUN ROAD SUNRISE FL 33326 City Zip Code FI 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Change Addition TITLE ☐ Delete TITLE IVANS, LEONARD NAME NAME STREET ADDRESS STREET ADDRESS 975 SHOTGUN ROAD CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326-1964 Change ☐ Addition TITLE Delete TITLE GERWIT, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 2896 BIRKDALE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 ☐ Change TITLE ☐ Delete TITLE Addition IVANS, CYDELL ~ NAME NAME STREET ADDRESS 975 SHOTGUN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326-1964 TITLE TITLE Change Addition Delete NAME GERWIT, BARBARA NAME STREET ADDRESS STREET ADDRESS 2896 BIRKDALE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP In this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. 13. I hereby certify that the information si

SIGNATURE:

of the corporation or the receiver of changed, or on an attechment wit

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ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR