CR2E034 (9/01)

## FILED

## Apr 09, 2002 8:00 am Secretary of State

## 2002 Uniform Business Report (UBR)

DOCUMENT # P98000077803 1. Entity Name 04-09-2002 90030 029 \*\*\*150 00 THE SPORTSMAN OF PERDIDO, INC. Mailing Address Principal Place of Business 1 DOUG FORD DRIVE 1 DOUG FORD DRIVE PENSACOLA FL 32507 PENSACOLA FL 32507 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 59-3532821 Not Applicable Zip Country. ~- \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCAVONE, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 1 DOUG FORD DRIVE PENSACOLA FL 32507 Zip Code 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change PTS ☐ Addition TITLE ☐ Delete TITLE Slater, Joe 1 Doug Ford Drive Pensacola, FL 32507 SLATER, JOE NAME NAME 1 DOUG FORD DRIVE STREET ADORESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F ☐ Change TITLE Scavone, Thomas J 100ng Ford Drive NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP 😓 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: