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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am DOCUMENT # P99000035351 **Secretary of State** HUNTER EQUIPMENT, INC. 02-16-2001 90022 049 ***150.00 Principal Place of Business Mailing Address 102 ESTATE CIRCLE 102 ESTATE CIRCLE LAKE MARY FL 32746 LAKE MARY FL 32746 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 59-3570020 Not Applicable ₂ - · Zip Country 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 HUNTER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 102 ESTATE CIRCLE LAKE MARY FL 32746 Zip Code City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) Addition ☐ Change TITLE Delete TITLE NAME NAME HUNTER, RICHARD A STREET ADDRESS STREET ADDRESS 102 ESTATE CIRCLE CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Addition TITLE Delete TITLE ☐ Change **VS** NAME NAME HUNTER, LISE M STREET ADDRESS STREET ADDRESS 102 ESTATE CIRCLE CITY_ST-ZIP- -CITY-ST-ZIP _ LAKE MARY FL 32746 [] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 mustee 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:

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