2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000046864** Feb 07, 2000 8:00 am **Secretary of State** BRANDI HUNT, INC. 02-07-2000 90002 017 ***150.00 Principal Place of Business Mailing Address 10108 CR 561 10108 CR 561 CLERMONT FL 34711 **CLERMONT FL 34711-9179** 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 Not Applicable 59-357883 Zip ---- ----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 **HUNT. BRANDI** Street Address (P.O. Box Number is Not Acceptable) 10108 CR 561 CLERMONT FL 34711 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, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TIT: F O. 12, 17, 19 TITLE ☐ Delete HUNT, BRANDI NAME NAME STREET ADDRESS 10108 CR 561 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☐ Addition ☐ Delete TITLE HUNT, VICTORIA NAME 10108 CR 561 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE 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.

GNATURE: Buyun And Typed on Printed Name of Signing Officer on Director

Date

Dayling Phone #