

4/9/

FILED
May 24, 2002 8:00 am
Secretary of State

04-09-2002 90731 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082933

1. Entity Name

AFRICAN EXPERIENCE, INC.

Principal Place of Business

12408 42ND AVENUE DRIVE
 CORTEZ FL 34215

Mailing Address

P.O. BOX 189
 CORTEZ FL 34215

2. Principal Place of Business

4404 124TH ST. CT. W

3. Mailing Address

Suite, Apt. #, etc.

CORTEZ, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

34215

Country

Zip

Country

4. FEI Number

65-0949906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, GARRET T
 3119 MANATEE AVENUE WEST
 BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

WILSON, CLAY

Street Address (P.O. Box Number is Not Acceptable)

4404 124TH ST. CT. W

CORTEZ, FL

City

FL

Zip Code

34215

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, CLAY	
STREET ADDRESS	PO BOX 189	
CITY-ST-ZIP	CORTEZ FL 34215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 941-792-2835

Date

Daytime Phone #

CR2E034 (9/01)