2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90031-001-$500.00-$500.00
* 9/15/00-90031-002-$50.00-$50.00

DOCUMENT # P99000086776

1. Entity Name
HERD OF TURTLES, INC.

FILED
00 OCT 20 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1061 CAHOON RD. JACKSONVILLE FL 32221	1061 CAHOON RD. JACKSONVILLE FL 32221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1061 Cahoon Rd	1061 Cahoon Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX., FL	City & State: JAX., FL
Zip: 32221 Country: USA	Zip: 32221 Country: USA

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, BART
1061 CAHOON RD.
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name: AARON C. KELLAM
Street Address (P.O. Box Number is Not Acceptable): 1061 Cahoon Rd.
City: JAX., FL Zip Code: 32221

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: A. Chris Kellam DATE: 9-12-00
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bart Hammond President 1061 Cahoon Rd	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-Pres Bart Hammond 1061 Cahoon Rd JAX., FL. 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-Pres Chris Kellam 1061 Cahoon Rd JAX, FL. 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-Pres Jon Stewart JAX., FL, 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-Pres Stuart Mowery JAX., FL. 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS

CRPFR24 (5/00)

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: A. Chris Kellam Aaron C. Kellam 9-12-00 (904)783-8637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #