

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 08, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000099321****1. Entity Name**
HUNTERS & SEEKERS, INC.

Principal Place of Business 411 EMERALD BAY CIRCLE, STE A5 NAPLES FL 34110	Mailing Address 411 EMERALD BAY CIRCLE, STE A5 NAPLES FL 34110
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2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**15-5322593**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134

FL

US

Name

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

City

FL

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 PATRICIA PARISI**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07/08/2000

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VTD	<input type="checkbox"/> Delete
NAME	PARISI PATRICIA	
STREET ADDRESS	411 EMERALD BAY CIRCLE, STE A5	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input type="checkbox"/> Delete
NAME	THOMPSON ELAINE	
STREET ADDRESS	411 EMERALD BAY CIRCLE, STE A5	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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)(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** Patricia Parisi

VTD 07/08/2000