2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90136 024 ***150.00

DOCUMENT # P99000105698

1. Entity Name
BISON BRAND, INC.

Principal Place of Business	Mailing Address
~~801 FAIRHAVEN DR~~ NORTH PALM BEACH FL ~~33408~~	~~801 FAIRHAVEN DR.~~ NORTH ~~PALM BEACH FL 33408~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17165 WAterbend DR. ~~#207~~	17165 WAterbend DR.
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. #207
City & State Jupiter, FL.	City & State Jupiter, FL
Zip 33477 / Country U.S.	Zip 33477 / Country U.S.

4. FEI Number 65-0966500 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALENUIK, ALEXANDER P
801 FAIRHAVEN DR.
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name Kevin Humphrey
Street Address (P.O. Box Number Is Not Acceptable)
17165 WAterbend DR. #207
City Jupiter **FL** Zip Code 33477

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] Kevin Humphrey President 1/22/01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P KAIENURK, ALEXANDER 801 FAIRHAVEN DR. NORTH PALM BEACH FL 33408 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMPHREY, KEVIN 17165 WATERBEND DR #207 JUPITER FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] Kevin Humphrey 1/22/01 (561)748-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #