

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90092 038 ***150.00

DOCUMENT # S29648

1. Entity Name
HUNTER DISTRIBUTING, INC.

Principal Place of Business

Mailing Address

2505 N ATLANTIC
 STE 130
 DAYTONA BEACH FL 32118
 US

2553 NO A1A
 STE 130
 DAYTONA BCH FL 32118
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

555 8th Street
 Suite H

555 8th Street
 Suite H

City & State

City & State

Holly Hill FL

Holly Hill FL

Zip 32117

Country USA

Zip 32117

Country USA

4. FEI Number **59-3053600**

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

HUNTER, GARY
 2553 N ATLANTIC
 #139
 DAYTONA BEACH FL 32118

Name
 Street Address (P.O. Box Number is Not Acceptable)
 555 8th Street
 Suite H
 City Holly Hill FL Zip Code 32117

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, 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	D	<input type="checkbox"/> Delete
NAME	HUNTER, GARY	
STREET ADDRESS	319 EMORY DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNTER, DEBBIE	
STREET ADDRESS	319 EMORY DR.	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	John Donnelly	
STREET ADDRESS	555 8th Street Suite H	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Rick Collins	
STREET ADDRESS	555 8th Street Suite H	
CITY-ST-ZIP	Holly Hill, FL 32117	
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"/> 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		
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)