## 2002 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered

**SIGNATURE** 

## May 13, 2002 8:00 am § Secretary of State S29648 DOCUMENT # 1. Entity Name HUNTER DISTRIBUTING, INC. 05-13-2002 90186 024 \*\*\*158.75 Principal Place of Business Mailing Address 555 8TH STREET 555 8TH STREET STE H . STE H HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3053600 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, GARY Street Address (P.O. Box Number is Not Acceptable) 555 8TH STREET STE H HOLLY HILL FL 32117 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE Change ☐ Addition HUNTER, GARY NAME NAME 319 EMORY DR STREET ADDRESS STREET ADDRESS DAYTONA BCH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Hunter, Debbie NAME NAME STREET ADDRESS 319 EMORY DR. STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL 32118 CITY-ST-ZIP TITLE --- ⊒ ·Delete TITLE ☐ Change . Addition NAME Donnelly, John NAME STREET ADDRESS 555 8TH STREET STE H STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COLLINS, RICK NAME NAME 555 8TH STREET STE H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Holly Hill FL 32117 CITY-ST-7tP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 Chaptey 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED** 

Daytime Phone #