

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V59475

1. Entity Name
HALLUCI-NATION, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90273 026 ***150.00

Principal Place of Business Mailing Address
4925 WISHART BLVD. 1407 5TH AVE 4925 WISHART BLVD. P.O. BOX 15817
TAMPA FL 33603 TAMPA FL TAMPA FL 33684
US 33605 33684

2. Principal Place of Business 3. Mailing Address
1407 5TH AVE P.O. BOX 15817
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA FL TAMPA FL
Zip Country Zip Country
33605 USA 33684 USA

4. FEI Number 59-3144427 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
MCCLURE, STEVEN R
4925 WISHART BLVD 2511 W. DIANA ST.
TAMPA FL 33603 TAMPA FL 33614
City TAMPA FL Zip Code 33614

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 STEVEN R. MCCLURE TDCM (G.E.O.) 2-02-01
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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTOPHERE, DAVID		NAME		
STREET ADDRESS	4925 WISHART BLVD 4917 WISHART BLVD		STREET ADDRESS	4917 WISHART BLVD	
CITY-ST-ZIP	TAMPA FL 33603		CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TDCM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLURE, STEVEN R		NAME		
STREET ADDRESS	4925 WISHART BLVD 2511 W. DIANA ST		STREET ADDRESS	2511 W. DIANA ST	
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: STEVEN R. MCCLURE 2/2/01 (813) 241-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)