FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State DOCUMENT # 448221 1. Entity Name 04-24-2002 90365 003 ***150.00 LES WILL'S RIVERLAND BAIT, TACKLE & GUN SHOP, IN Principal Place of Business Mailing Address 217 SW 27TH AVE 217 SW 27TH AVE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address 7 A DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number *പ* 59-1535670 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STAN, RICHARD H. 217 SW 27TH AVENUE FT. LAUDERDALE FL

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Delete TITLE TITLE NAME NAME STAN, RICHARD H STREET ADDRESS STREET ADDRESS 217 S.W. 27TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change ☐ Addition Delete TITLE TITLE NAME NAME WILL, DOROTHY A. STREET ADDRESS STREET ADDRESS 1229 MASSEY RD CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA FL 32168** Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE

Date

Daytime Phone #