

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90012 032 \*\*\*\*61.25

**DOCUMENT # 701958**

1. Entity Name

**CONCORD ARMS INC**

Principal Place of Business

Mailing Address

C/O RAYMOND MARESCO  
 2830 N E 30TH ST  
 FT LAUD FL 33306  
 US

C/O RAYMOND MARESCO  
 2830 N E 30TH ST  
 FT LAUD FL 33306-1963  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0971729**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARESCO, RAYMOND**  
**2830 NE 30TH ST**  
**APT 10**  
**FORT LAUDERDALE FL 33306**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **V HELSOM, FRANK**  
 STREET ADDRESS **2830 NE 30TH ST, ATP 2**  
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000 33306**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T MARESCO, RAYMOND**  
 STREET ADDRESS **2830 NE 30TH ST, APT 10**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HROBAK, ALBERT**  
 STREET ADDRESS **2830 NE 30TH ST**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BARRETTE, PAUL**  
 STREET ADDRESS **P.O. BOX 5352**  
 CITY-ST-ZIP **ELLSWORTH ME 04605-5352**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P SALMONS, LINDA**  
 STREET ADDRESS **415 BOND PL. 9-B**  
 CITY-ST-ZIP **CINCINNATI OH 45206**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Raymond Maresco*  
**RAYMOND MARESCO**

**2/8/2000**

**1954/564-4801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #