

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722549

1. Entity Name

WASHINGTON ARMS MANAGEMENT, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90007 046 ****61.25

Principal Place of Business

Mailing Address

190 EAST OLMSTEAD DRIVE
 TITUSVILLE FL 32780

190 EAST OLMSTEAD DRIVE
 TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1449619

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

MACGREGOR, WILLIAM
190 E. OLMSTEAD DR, H-3
TITUSVILLE FL 32780

Name **MIKE O'BRIEN**

Street Address (P.O. Box Number is Not Acceptable) **190 E. OLMSTEAD DR. (office)**

City **TITUSVILLE, FL** Zip Code **32780**

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)

7/12/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	T	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, MIKE	
STREET ADDRESS	1165 COUNTRY CLUB DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MACGREGOR, WILLIAM	
STREET ADDRESS	190 E. OLMSTEAD DR, H-3	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCMANIGLE, JANET	
STREET ADDRESS	190 E OLMSTEAD DR D-8	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MANITERRE, ROD	
STREET ADDRESS	190 E. OLMSTEAD DR-#F14	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARUDA, MANAUAL	
STREET ADDRESS	190 E. OLMSTEAD DR-#B10	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, WILLIAM	
STREET ADDRESS	6760 N. US 1 UNIT 3208	
CITY-ST-ZIP	TITUSVILLE FL 32827	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE O'BRIEN	
STREET ADDRESS	190 E. OLMSTEAD DR. (OFFICE)	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNETTE VIGLIOTTI	
STREET ADDRESS	190 E. OLMSTEAD DR. C11	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN O'CONNELL	
STREET ADDRESS	3451 S. WASHINGTON AVE.	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM ORR	
STREET ADDRESS	190 E. OLMSTEAD DR. H5	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN OVERALL	
STREET ADDRESS	190 E. OLMSTEAD DR. H2	
CITY-ST-ZIP	TITUSVILLE, FL. 32780	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00

DATE

321 267 7552

DAYTIME PHONE #

CR2E037 (5/00)