

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90114 004 ****61.25

002441

DOCUMENT # 722549

1. Entity Name

WASHINGTON ARMS MANAGEMENT, INC.

Principal Place of Business

**190 EAST OLMSTEAD DRIVE
 TITUSVILLE FL 32780**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-1449619

Applied For

Not Applicable

5. Certificate of Status-Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**O'BRIEN, MIKE
 190 E. OLMSTEAD DR, H-3
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

MIKE O'BRIEN

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

525 WILLOW GREEN LN.

City

TITUSVILLE, FL.

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)

DATE

**FILE NOW:
 FEE 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P O'BRIEN, MIKE 525 WILLOW GREEN LN. TITUSVILLE, FL. 32780 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ORR, WILLIAM 190 E OLMSTEAD DR. H5 TITUSVILLE, FL. 32780 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OVERALL, JOHN 190 E. OLMSTEAD DR H2 TITUSVILLE, FL. 32780 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGEON, GERALD 190 E. OLMSTEAD DR E6 TITUSVILLE, FL. 32780 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIVERA, RAMON 3675 SOUTH RIDGE CIRCLE TITUSVILLE, FL. 32780 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 REQUESTED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01
 Date

267 7552
 Daytime Phone #

CR2E037 (10/00)

attachment
D# 722549

0

* ADDITION

JOHN O'CONNELL

3451 S. WASHINGTON AVE.

TITUSVILLE, FL. 32780