

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90085 025 \*\*\*\*61.25

**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**

**90009275**



CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSTROSKI, DIANE  
190 E OLMSTEAD DR A14  
TITUSVILLE FL 32780**

Name **LOUIS VENUTI**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 ORANGE ST.**  
City **TITUSVILLE** FL Zip Code **32796**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louis Venuti* **LOUIS VENUTI ACCOUNTANT 1-25-03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OSTROSKI, DIANE</b>	
STREET ADDRESS	<b>190 E OLMSTEAD DR A14</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLIE, MARY</b>	
STREET ADDRESS	<b>190 E OLMSTAE DR D1</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VANCOTT, VICKI</b>	
STREET ADDRESS	<b>190 E OLMSTAE DR H10</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANIERRE, ROD</b>	
STREET ADDRESS	<b>1400 WILDERNESS LANE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERGEON, GERALD</b>	
STREET ADDRESS	<b>2630 LAKE SHORE DR</b>	
CITY-ST-ZIP	<b>ESCANABA MI 49829-1013</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROMANS, ROBERT</b>	
STREET ADDRESS	<b>190 E OLMSTAE DR F10</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICKI VAN COTT</b>	
STREET ADDRESS	<b>190 E. OLMSTEAD DR #H-10</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
TITLE	<b>V.PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT ROMANS</b>	
STREET ADDRESS	<b>190 E. OLMSTEAD DR # A10</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAISY VAIGNEUR</b>	
STREET ADDRESS	<b>190 E. OLMSTEAD DR # H-6</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VERN FARNHAM</b>	
STREET ADDRESS	<b>190 E. OLMSTEAD DR #A-10</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OMAR McBUILLEN</b>	
STREET ADDRESS	<b>190 E. OLMSTEAD DR. # H-4</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOROTHY WYERS</b>	
STREET ADDRESS	<b>190 E. OLMSTEAD DR #G-2</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	

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: *Louis Venuti* **1-16-03 321-267-7552**

CR2E037 (10/02)

BLOCK 11

Attachment  
Dr. # 722549 90009275

TITLE DIRECTOR

NAME MARTIN (BUD) KEATING

ADDRESS 190 E. OLMSTEAD DR # C-4

TITUSVILLE, FL 32780

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