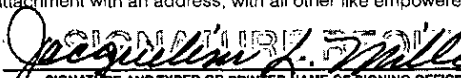


FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90053 034 ***150.00

C0029467

DO NOT WRITE IN THIS SPACE

DOCUMENT # F25748				Mar 04, 2000 8:00 am Secretary of State 03-04-2000 90053 034 ***150.00			
1. Entity Name BULLSEYE INDOOR GUN RANGE, INC.				C0029467  DO NOT WRITE IN THIS SPACE			
Principal Place of Business 6041 ATLANTIC BLVD JACKSONVILLE FL 32211-502 US		Mailing Address 6041 ATLANTIC BLVD JACKSONVILLE FL 32211-7502 US					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip 32211 Country		Zip Country		4. FEI Number 59-2089850		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MILLER, JACKQUELINE L. 6041 ATLANTIC BLVD. JACKSONVILLE FL 32211				7. Name and Address of New Registered Agent			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State							
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees							
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD ☐ Delete NAME MILLER, JACQUELINE L. STREET ADDRESS 6041 ATLANTIC BLVD CITY-ST-ZIP JACKSONVILLE FL				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			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				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			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				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			
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  JACQUELINE L. MILLER				(904) 725-1227 2/24/00			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			