

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90117 009 ***150.00

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DOCUMENT # F97000004788
 1. Entity Name
KALASHNIKOV-USA LTD. INCORPORATED

Principal Place of Business Mailing Address
1019 HOLBROOK CT **PO BOX 157**
B-3 **FT. PIERCE FL 34982**
FORT SAINT LUCIE FL 34952
US

2. Principal Place of Business 3. Mailing Address
3198 S. US HWY #1 **PO Box 157**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. PIERCE FL. **FT. PIERCE FL.**
 Zip Country Zip Country
34982 **USA** **34954** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0746894 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEVENS, LYSHON G
1901 S. INDIAN RIVER DR.
FORT PIERCE FL 34950

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LYSHON, G. STEVENS 1901 S. INDIAN RIVER DR. FORT PIERCE FL 34950 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHUMKOV, GEORGY 3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC RUSSIA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GRODETSKY, VLADIMIR 3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC RUSSIA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SAGDEEY, MARK 3, DERYABIN ST., IZHEVSK, UDMART REPUBLIC RUSSIA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LYSHON, L.G. 1901 S. INDIAN RIVER DR. FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ 4/22/02 772-465-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)