

# 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

**1019 HOLBROOK CT  
 B-3  
 FORT SAINT LUCIE FL 34952  
 US**

Mailing Address

**PO BOX 157  
 FT. PIERCE FL 34982**

2. Principal Place of Business

**3198 S. US HWY #1  
 Suite, Apt. #, etc.**

3. Mailing Address

**PO Box 157  
 Suite, Apt. #, etc.**

City & State

**FT. PIERCE FL.  
 Zip 34982 Country USA**

City & State

**FT. PIERCE FL.  
 Zip 34954 Country**

4. FEI Number

**65-0746894**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYSHON, G. STEVENS</b>	
STREET ADDRESS	<b>1901 S. INDIAN RIVER DR.</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHUMKOV, GEORGY</b>	
STREET ADDRESS	<b>3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC</b>	
CITY-ST-ZIP	<b>RUSSIA</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>GRODETSKY, VLADIMIR</b>	
STREET ADDRESS	<b>3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC</b>	
CITY-ST-ZIP	<b>RUSSIA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SAGDEEY, MARK</b>	
STREET ADDRESS	<b>3, DERYABIN ST., IZHEVSK, UDMART REPUBLIC</b>	
CITY-ST-ZIP	<b>RUSSIA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYSHON, L.G.</b>	
STREET ADDRESS	<b>1901 S. INDIAN RIVER DR.</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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)