

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000108910**

1. Entity Name

SHOT SAVERS INCORPORATED

Principal Place of Business

**113 E. MAIN ST.
TAVARES FL 32778
US**

Mailing Address

**113 E. MAIN ST.
TAVARES FL 32778
US**

2. Principal Place of Business

5235 SW 90th BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 425

Suite, Apt. #, etc.

City & State

BUSHNELL FL

City & State

NOBLETON FL

Zip

33513

Country

USA

Zip

34661-0425

Country

USA

6. Name and Address of Current Registered Agent

**TRAMMEL, RICHARD
318 1/2 W COLONIAL DR APT 1
ORLANDO FL 32801-1103**

4. FEI Number

59-3483993

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

RICHARD A. TRAMMEL

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

5235 SW 90th BLVD

City

BUSHNELL**FL**

Zip Code

33513

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	☐ Delete
NAME	TRAMMEL, RICHARD	
STREET ADDRESS	113 E. MAIN ST.	
CITY-ST-ZIP	TAVARES FL 32778	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☐ Addition
NAME	RICHARD A TRAMMEL	
STREET ADDRESS	5235 SW 90th BLVD	
CITY-ST-ZIP	BUSHNELL FL 33513	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-01

253-4863

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90048 033 ***550.00

0118841 AT



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)