#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

### SIGNATURE: STEPHEN J BARBORINI

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P10000047925

Entity Name: WEAPONS AMMUNITION ARMS CONSULTING **INCORPORATED** 

**Current Principal Place of Business:** 

2665 SW CRANBROOK DRIVE BOYNTON BEACH, FL 33436

# **Current Mailing Address:**

2665 SW CRANBROOK DRIVE BOYNTON BEACH, FL 33436

# FEI Number: 45-1592905

# Name and Address of Current Registered Agent:

BARBORINI, STEPHEN J 2665 SW CRANBROOK DRIVE BOYNTON BEACH, FL 33436 US

The above named entity submits this state

# SIGNATURE:

Electronic Signatur

# **Officer/Director Detail :**

Title	P	Title	0
Name	BARBORINI, STEPHEN J	Name	BARBORINI, GETON G
Address	2665 SW CRANBROOK DRIVE	Address	2665 SW CRANBROOK DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436

ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
ure of Registered Agent			Date	
	Title	0		
HEN J	Name	BARBORINI, GETON G		

Name	BARBORINI, GETON G
Address	2665 SW CRANBROOK DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

PRESIDENT

Certificate of Status Desired: No

FILED Jan 15, 2021 Secretary of State 3784131148CC

> 01/15/2021 Date