

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90060 043 ***150.00

DOCUMENT # 658335
 1. Entity Name
KEVIN'S GUNS AND SPORTING GOODS, INC.

Principal Place of Business
3350 CAPITAL CIRCLE N E
TALLAHASSEE FL 32308-3710

Mailing Address
3350 CAPITAL CIRCLE N E
TALLAHASSEE FL 32308-3710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1984834		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KELLY, KEVIN T 3350 CAPITAL CIRCLE NE TALLAHASSEE FL 32304				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, KEVIN T.			NAME	Kelly, Kevin T		
STREET ADDRESS	9027 WINGED FOOT DR.			STREET ADDRESS	1010 E. Washington ST		
CITY-ST-ZIP	TALLAHASSEE FL 32312			CITY-ST-ZIP	Thomasville, Ga 31792		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, BETTY			NAME			
STREET ADDRESS	3184 BROCKTON WAY			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, KATHLEEN			NAME	Kelly, Kathleen		
STREET ADDRESS	9027 WINGED FOOT DR.			STREET ADDRESS	1010 E Washington ST		
CITY-ST-ZIP	TALLAHASSEE FL 32312			CITY-ST-ZIP	Thomasville, Ga 31792		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: SUCCESSION REQUIRED *Butler* **1/10/02** **850-386-5544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)