

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90012 032 ****61.25

DOCUMENT # 701958

1. Entity Name

CONCORD ARMS INC

Principal Place of Business

Mailing Address

C/O RAYMOND MARESCO
 2830 N E 30TH ST
 FT LAUD FL 33306
 US

C/O RAYMOND MARESCO
 2830 N E 30TH ST
 FT LAUD FL 33306-1963
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0971729

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

7. Name and Address of New Registered Agent

MARESCO, RAYMOND
2830 NE 30TH ST
APT 10
FORT LAUDERDALE FL 33306

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

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **V HELSOM, FRANK**
 STREET ADDRESS **2830 NE 30TH ST, ATP 2**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000 33306**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T MARESCO, RAYMOND**
 STREET ADDRESS **2830 NE 30TH ST, APT 10**
 CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HROBAK, ALBERT**
 STREET ADDRESS **2830 NE 30TH ST**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BARRETTE, PAUL**
 STREET ADDRESS **P.O. BOX 5352**
 CITY-ST-ZIP **ELLSWORTH ME 04605-5352**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P SALMONS, LINDA**
 STREET ADDRESS **415 BOND PL. 9-B**
 CITY-ST-ZIP **CINCINNATI OH 45206**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Maresco* **RAYMOND MARESCO** **2/8/2000** **1954/564-4801**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #