

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90021 024 ****61.25

DOCUMENT # 702516

1. Entity Name

LAFAYETTE ARMS INC

Principal Place of Business

Mailing Address

2866 NE 30 ST
 FT. LAUDERDALE FL 33306

2866 NE 30 ST
 FT. LAUDERDALE FL 33306-1970

AU018077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0999437

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, SANDRA
2866 NE 30TH ST
FT. 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:
FEE 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 **TD**
 STREET ADDRESS **NORRIS, SANDRA**
 CITY-ST-ZIP **2866 NE 30ST**
FT. LAUDERDALE FL

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **GIERING, R.H.**
 CITY-ST-ZIP **2866 NE 30TH ST**
FT. LAUDERDALE FL 00000

TITLE ☐ Change ☒ Additor
 NAME **SD**
 STREET ADDRESS **Doane, Jim**
 CITY-ST-ZIP **2866 N.E 30 st.**
ft. lauderdale, FL 33306

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HUGHES, LOUISE**
 CITY-ST-ZIP **2866 NE 30TH ST**
FT LAUDERDALE FL 33306

TITLE ☒ Change ☐ Additor
 NAME **IVP**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **1VP**
 STREET ADDRESS **DOHENY, MARY JANE**
 CITY-ST-ZIP **2866 NE 30TH ST.**
FT LAUDERDALE FL

TITLE ☒ Change ☐ Additor
 NAME **ATO**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **2VPD**
 STREET ADDRESS **HOSSELLMAN, VERNE**
 CITY-ST-ZIP **2866 NE 30TH ST**
FT. LAUDERDALE FL

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

TITLE ☐ Delete
 NAME **ATD**
 STREET ADDRESS **PFEIFER, JOHN**
 CITY-ST-ZIP **2866 NE 30TH ST**
FT LAUDERDALE FL

TITLE ☒ Change ☐ Additor
 NAME **PD**
 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:

Sandra Norris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000 (954) 568-3073