2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90184 027 ****61.25

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DOCUMENT # 812531

1. Entity Name
MAYFAIR ARMS INC

Principal Place of Business	Mailing Address
1790 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301	1790 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301

☒ CHECK HERE IF MAKING CHANGES

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 59-6065967 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, HUGGIE
1790 E LAS OLAS BLVD
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name [redacted] PAUL DELMORE
Street Address (P.O. Box Number is Not Acceptable) [redacted]
1790 E. LAS OLAS BLVD.
City FT. LAUDERDALE FL Zip Code 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PAUL DELMORE Paul R. Delmore 2-11-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WATSON, HUGGIE 1790 E LAS OLAS BLVD FT LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LONNIE SACCHI 111 WOODSIDE ROAD RIVERSIDE IL. 60546	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLOANE, JOHN 1790 E. LAS OLAS BLVD. FT. LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT PAUL DELMORE 1790 E. LAS OLAS BLVD. FT. LAUDERDALE FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARINA, SCOTT 1790 E LAS OLAS BLVD FT LAUDERDALE FL 33301	☒ Delete	~~TITLE~~ NAME / ~~NAME~~ TITLE / STREET ADDRESS / CITY-ST-ZIP	LOUISE A. STEFANO TREASURER 14-51 164TH ST. WHITESTONE, NY 11357	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOACK, WILLIAM 1790 E LAS OLAS BLVD FT. LAUDERDALE FL	☒ Delete	~~TITLE~~ NAME / ~~NAME~~ TITLE / STREET ADDRESS / CITY-ST-ZIP	DONNA McBRIAE SECRETARY 1790 E. LAS OLAS BLVD. FT. LAUDERDALE FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEEMAN, RALPH 1790 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARY GAVIN 8055 SE WINDJAMMER HOBE SOUND FL. 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: [signature] SIGNATURE REQUIRED LONNIE SACCHI 2-11-03 (708) 442-0845
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (ATTACH ADDITIONAL PAGE IF NECESSARY) DATE TELEPHONE NUMBER