FILED

02 OCT -4 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008304943--4
-10/10/02--01035--024
****750.00 ****750.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005863

1. Entity Name

IGUN TECHNOLOGY CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1871 Mason Ave	c/o American Infor Svs
Suite, Apt. #, etc.	Suite, Apt. #, etc. 255 S. Orange Ave 17th
City & State: Daytona Beach FL	City & State: Orlando, FL
Zip: 32117 Country: USA	Zip: 32801 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3634749 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: American Information Svcs Inc.

Street Address (P.O. Box Number is Not Acceptable): 255 S. Orange Ave 17th Fl

City: Orlando FL Zip Code: 32801

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	Mossberg, Jonathan E
STREET ADDRESS	1871 Mason Dr.
CITY-ST-ZIP	Daytona Beach FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jonathan E. Mossberg 386-274-5882

SIGNATURE AND TYPED OR PRINTED NAME OF ASSUMING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 10/7/02