

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90308 019 ***158.75

DOCUMENT # **FD1000004601** ✓

1. Entity Name

First Choice Armor & Equipment, Inc.

DO NOT WRITE IN THIS SPACE

420482

2. Principal Place of Business
764 North Main Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Brockton, MA

City & State

4. FEI Number
04-3178304

Applied For
Not Applicable

Zip
02301

Country
USA

Zip

Country

5. Certificate of Status Desired ✓

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert David Lyons

Street Address (P.O. Box Number is Not Acceptable)

2249 S.E. 105th Street

City
Ocala

FL

Zip Code
34480

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Karen D. Herman
2 Blanchard Street
Avon, MA 02322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Karen D. Herman
2 Blanchard Street
Avon, MA 02322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Clerk
Sharon D. Audette
65 Nelson Drive
Bridgewater, MA 02324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Karen D. Herman
2 Blanchard Street
Avon, MA 02324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Karen D. Herman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karen D. Herman, President

2/18/02

Date

(508) 559-0777

Daytime Phone #

CR2E034B (12/01)