## 2003 FOR PROFIT CORPORATION

20 UN	003 FOR PRO	FIT CORPOR IESS REPOR	ATION T (UBR)	FILED Aug 07, 2003 8 Secretary of S	:00 am	
1. Entity Nam	MENT # <b>F590</b> ARMS, INC.	)33		Secretary of State 08-07-2003 90121 028 ***550.00		
8645 ELLIOTT SEBRING FL US	33870	Malling Address P. O. BOX 1906 SEBRING FL 33871 US	-			
·	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHAN	NGES	
City & Stat	е	City & State		4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
Zip	Country	Zip	Country		5 Additional equired	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent		
BONE, WILLIAM B						
8645 ELLIOTTS ROAD			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SEBRING	FL 33870					
;			City	r L	o Code	
the obligat	named entity submits this statementions of registered agent.  Signature, typed or printed name of registered agent.		registered office or regist  E: Registered Agent signature requir	ered agent, or both, in the State of Florida. I am familiar	with, and accept	
F After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 k Payable to Florida Department	50.00		9. Election Campaign Financing	\$5.00 May Be Added to Fees	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV BONE, WILLIAM B 8645 ELLIOTS RD SEBRING FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	Addition Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BONE, SANDRA F 8645 ELLIOTT RD. SEBRING FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Ch	nange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chi	Tange Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange Addition	
TITLE NAME STREET ADDRESS		. Delete	TITLE NAME . STREET ADDRESS	□ Ch	ange Addition	

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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP