

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90308 034 \*\*\*158.75

**DOCUMENT #** F96000002127

**1. Entity Name**

**ADVANCED ORDNANCE CORP.**

**Principal Place of Business**

**1871 Mason Ave  
Daytona Bch FL 32217**

**Mailing Address**

**7 Grasso Ave  
North Haven CT 06473-3237**

**2. Principal Place of Business**

**3. Mailing Address**

**c/o American Information**

**Suite, Apt. #, etc. Services, Inc.**

**255 S. Orange Ave., 17th Floor**

**City & State  
Orlando, FL**

**4. FEI Number**

**59-3370512**

**Applied For**

**Not Applicable**

**Zip**

**32117**

**Country**

**Zip**

**32801**

**Country**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**The Prentice-Hall Corporation System, Inc.  
1201 Hays Street  
Suite 105  
Tallahassee, FL 32301**

**7. Name and Address of New Registered Agent**

**Name  
American Information Services, Inc.**

**Street Address (P.O. Box Number is Not Acceptable)  
255 South Orange Avenue, 17th Floor**

**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**

*James S. Keefner*

**James S. Keefner,  
Assistant Secretary**

**February 22, 2001**

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)**

☒

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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** PD ☐ Delete  
**NAME** Mossberg, Jonathan  
**STREET ADDRESS** 69 Sunset Beach Rd.  
**CITY-ST-ZIP** Branford, CT 06405

**TITLE** VCFO ☒ Delete  
**NAME** Nichols, Georgia L  
**STREET ADDRESS** 7 Grasso Ave  
**CITY-ST-ZIP** Bethany CT 06525

**TITLE** CFO ☒ Delete  
**NAME** Klanica, B  
**STREET ADDRESS** 7 Grass Ave  
**CITY-ST-ZIP** North Haven CT 06473

**TITLE** DC ☒ Delete  
**NAME** Mossberg, Alan L  
**STREET ADDRESS** 873 Second Avenue S.  
**CITY-ST-ZIP** Tierra Verde FL 33715

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PTSD ☒ Change ☐ Addition  
**NAME** Mossberg, Jonathan E.  
**STREET ADDRESS** 1871 Mason Avenue  
**CITY-ST-ZIP** Daytona Beach, FL 32117

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Jonathan E. Mossberg*

**Jonathan E. Mossberg, 2/22/01**

**(904) 274-5882**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President**

Date

Daytime Phone #

CR2E034 (11/00)