

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004788

1. Entity Name

KALASHNIKOV-USA LTD. INCORPORATED

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90021 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1019 HOLBROOK CT  
B-3  
PORT SAINT LUCIE FL 34952  
US

PO BOX 157  
FT. PIERCE FL 34954-0157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0746894**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYSHON, G. STEVENS  
STE A-1  
FT. PIERCE FL 34982

Name LYSHON G. STEVENS  
Street Address (P.O. Box Number is Not Acceptable) 1901 S. INDIAN RIVER DR  
City FT. PIERCE FL Zip Code 34950

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LYSHON, G. STEVENS**  
CITY-ST-ZIP **1001 HERGA 1901 S. Indian River Dr FT PIERCE FL 34954 34950**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SHUMKOV, GEORGY**  
CITY-ST-ZIP **3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC RUSSIA**

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

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **GRODETSKY, VLADIMIR**  
CITY-ST-ZIP **3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC RUSSIA**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **SAGDEEY, MARK**  
CITY-ST-ZIP **3, DERYABIN ST., IZHEVSK, UDMART REPUBLIC RUSSIA**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **LYSHON, L.G.**  
CITY-ST-ZIP **101 S. INDIAN RIVER DR. 1901 S. Indian River Dr FT. PIERCE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/12/00 561-337-3398  
Date Daytime Phone #  
EXT 28

CR2E034 (9/99)