

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-14-2002 90028 006 \*\*\*150.00

0451000 AV

**DOCUMENT # F98000006031**

1. Entity Name

**ST. MARKS POWDER, INC.**

Principal Place of Business

**7121 COASTAL HIGHWAY  
 CRAWFORDVILLE FL 32327  
 US**

Mailing Address

**10101 9TH ST N.  
 ST PETERSBURG FL 33716  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3543446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PAIN, GEORGE H ESQ  
 PRIMEX TECHNOLOGIES, INC.  
 10101 9TH ST N.  
 ST PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name

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

**General Dynamics Ordnance and Tactical Systems**

City

**FL**

Zip Code

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	HASCALL, JAMES G	
STREET ADDRESS	10101 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMAIRE, J. DOUGLAS	
STREET ADDRESS	10101 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HUDKINS, JOHN W	
STREET ADDRESS	10101 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	CURLEY, STEPHEN C	
STREET ADDRESS	10101 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, MICHAEL S	
STREET ADDRESS	10101 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, JOHN E	
STREET ADDRESS	10101 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur J. Veitch	
STREET ADDRESS	3190 Fairview Park Dr.	
CITY-ST-ZIP	Falls Church, VA 22042	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy A. Cornwell	
STREET ADDRESS	7121 Coastal Highway	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George H. Pain	
STREET ADDRESS	10101 9th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary L. Whited	
STREET ADDRESS	10101 9th Street N	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David A. Sanner	
STREET ADDRESS	3190 Fairview Park Dr.	
CITY-ST-ZIP	Falls Church, VA 22042	

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

1-30-02

Date

727-578-8116

Daytime Phone #

CR2E034 (9/01)