

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90097 003 ***150.00

0632201 AV

DOCUMENT # J14682

1. Entity Name

KANE'S SHOOTING RANGE, INC.

Principal Place of Business

**3800 S SUNCOAST BLVD
 HOMOSASSA FL 34448,
 US**

Mailing Address

**% THOMAS P. KANE
 1723 N.LECANTO HWY.
 LECANTO FL 34461
 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

59-2696780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KANE, THOMAS P.
 1723 N.LECANTO HWY.
 LECANTO FL 34461**

7. Name and Address of New Registered Agent

Name **KANE, GARY**

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

1723 N. LECANTO HWY.

LECANTO, FL 34461

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]

3/29/02

Signature of person or persons 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 **PD** ☒ Delete
 NAME **KANE, THOMAS P.**
 STREET ADDRESS **12 BYRSONIMA CT. W.**
 CITY-ST-ZIP **HOMOSASSA FL**

*DELETED
 3/22/01*

TITLE **VPD** ☐ Delete
 NAME **KANE, GARY**
 STREET ADDRESS **2857 W LIVE OAK ST**
 CITY-ST-ZIP **LECANTO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☒ Change ☐ Addition
 NAME **GARY KANE**
 STREET ADDRESS **2857 W. LIVE OAK ST.**
 CITY-ST-ZIP **LECANTO, FL 34461**

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

(352) 746-4451

Daytime Phone #

CR2E034 (9/01)