

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007458

1. Entity Name

THE GUN SEARCH.COM, LLC

Principal Place of Business

Mailing Address

~~812 A 6TH AVE. W~~
~~BRADENTON FL 34205~~

~~8008 22ND AVE. W~~
~~BRADENTON FL 34209~~

2. Principal Place of Business

8208 CORTEZ RD W

3. Mailing Address

8208 CORTEZ RD W

Suite, Apt. #, etc.

SUITE 6

Suite, Apt. #, etc.

SUITE 6

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34210

Country

USA

Zip

34210

Country

USA

4. FEI Number

65-1021820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~NAPOLITANO, JOHN E~~
~~677 NORTH WASHINGTON BOULEVARD~~
~~SARASOTA FL 34236~~

7. Name and Address of New Registered Agent

Name: NAPOLITANO & COOPER, P.A.

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

100 WALLACE AVENUE, SUITE 240

City SARASOTA

FL

Zip Code 34237

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

2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	P	☐ Delete
NAME	BIGELOW, DONALD E	
STREET ADDRESS	1130 MONTEZUMA DRIVE	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	V	☐ Delete
NAME	BIGELOW, ANDREW E	
STREET ADDRESS	8008 22ND AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
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		

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-1-02

941-761-4985

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

05-22-2002 90256 045 ****50.00

96177



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)