

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/25

FILED
Sep 01, 2004 8:00 am
Secretary of State

04-29-2004 90075 023 ****50.00

DOCUMENT # L03000012933			
1. Entity Name UCT ARMS, LLC			
Principal Place of Business 7825 S.W. ELLIPSE WAY STUART, FL 34997		Mailing Address 7825 S.W. ELLIPSE WAY STUART, FL 34997	
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 20-1450661		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DYER, THOMAS H 7825 S.W. ELLIPSE WAY STUART, FL 34997		Name BOURRET, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 7825 SW ELLIPSE WAY City STUART FL Zip Code 34997	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		RICHARD H BOURRET, CHAIRMAN & CEO 4/27/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		RICHARD H BOURRET 4/27/04 (772) 223-6699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	