

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90001 011 \*\*\*150.00

**DOCUMENT # L61469**

1. Entity Name  
**DEFENSIVE ARTS, INC.**

Principal Place of Business  
**6671 W INDIANTOWN RD**  
**#56 PMB 417**  
**JUPITER FL 33458**  
**US**

Mailing Address  
**6671 W INDIANTOWN RD**  
**#56 PMB 417**  
**JUPITER FL 33458**  
**US**

2. Principal Place of Business  
**65 MIRANDA KNOLL**

3. Mailing Address  
**22-C NEW LEICESTER HWY.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LEICESTER, NC**

City & State  
**ASHEVILLE, NC**

Zip  
**28748**

Country  
**U.S.A.**

Zip  
**28806**

Country  
**U.S.A.**

4. FEI Number **65-0184233**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**PELLEGRINI, JOHN**  
**16825 122 ND DR N**  
**JUPITER FL 33478**

## 7. Name and Address of New Registered Agent

Name **RANDY KIRKBY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4973 MARBELLA RD. N.**  
 City **WEST PALM BEACH FL** Zip Code **33417**

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 **RANDY KIRKBY-DIRECTOR** *Randy Kirkby*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)

DATE **1-9-01**

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, 2001 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 **P**  
 NAME **PELLEGRINI, JOHN**  
 STREET ADDRESS **16825 122ND FR N**  
 CITY-ST-ZIP **JUPITER FL 33478** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☒ Change ☐ Addition  
 NAME **JOHN PELLEGRINI**  
 STREET ADDRESS **PMB 173 22-C NEW LEICESTER HWY.**  
 CITY-ST-ZIP **ASHEVILLE, NC 28806**

TITLE **D.** ☐ Change ☒ Addition  
 NAME **RANDY KIRBY**  
 STREET ADDRESS **4973 MARBELLA RD. N.**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **JOHN PELLEGRINI - PRESIDENT** *John Pellegrini* **828-683-4240/1-9-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)