

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91213 029 \*\*\*\*\*50.00

**DOCUMENT # L98000002425**

1. Entity Name

**GLOBAL ORDNANCE, L.L.C.**

Principal Place of Business

**10101 NINTH STREET NORTH  
 ST. PETERSBURG FL 33716**

Mailing Address

**10101 NINTH STREET NORTH  
 ST. PETERSBURG FL 33716**

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

**59-3542126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HUDKINS, JOHN W  
 10101 NINTH STREET NORTH  
 ST. PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name **George H. Pain**

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

**10101 9th Street N**

City **St. Petersburg**

**FL**

Zip Code

**33716**

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.

*up*

(NOTE: Registered Agent signature required when reinstating)

**2/19/02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **WILSON, MICHAEL S**  
 STREET ADDRESS **2492 STAG RUN BLVD.**  
 CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **MGR** ☒ Delete  
 NAME **FISCHER, JOHN E**  
 STREET ADDRESS **3023 GULL PLACE**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **MGR** ☒ Delete  
 NAME **HUDKINS, JOHN W**  
 STREET ADDRESS **1339 FORESTEDGE BLVD.**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **MGR** ☐ Delete  
 NAME **GUR-AIRE, ZYPORA**  
 STREET ADDRESS **7910 WOODMONT AVENUE, #1410**  
 CITY-ST-ZIP **BETHESDA MD 20814**

TITLE **MGR** ☐ Delete  
 NAME **ZAFIR, AVINOAM**  
 STREET ADDRESS **64 BIALIK BLVD.**  
 CITY-ST-ZIP **RAMAT-HASHARON, ISRAEL 47100**

TITLE **MGR** ☐ Delete  
 NAME **FRANK, EHUD**  
 STREET ADDRESS **64 BIALIK BLVD.**  
 CITY-ST-ZIP **RAMAT-HASHARON, ISRAEL 47100**

10. ADDITIONS/CHANGES

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

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **George H. Pain**  
 STREET ADDRESS **1740 Brightwaters Blvd, NE**  
 CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **Timothy W. Neaves**  
 STREET ADDRESS **7418 110th Street N.**  
 CITY-ST-ZIP **St. Petersburg, FL 33709**

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

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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED** **George H. Pain**

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

Date

Daytime Phone #

**2/19/02 727-578-8116**

CR2E083 (9/01)