

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90175 009 \*\*\*\*\*50.00

0059727

**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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAMERON, DEL S  
10101 NINTH STREET NORTH  
ST. PETERSBURG FL 33716**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE **MGR** ☒ Delete  
NAME **PAIN, GEORGE H**  
STREET ADDRESS **1740 BRIGHWATERS BLVD, NE**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Del S. Dameron**  
STREET ADDRESS **10101 9th Street N.**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **MGR** ☐ Delete  
NAME **NEAVES, TIMOTHY W**  
STREET ADDRESS **7418 10TH ST N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

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

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Uri Agmon**  
STREET ADDRESS **64 Bialik Blvd.**  
CITY-ST-ZIP **Ramat - Hasharon, Israel 47100**

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

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

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

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Yehiam Sharon**  
STREET ADDRESS **64 Bialik Blvd.**  
CITY-ST-ZIP **Ramat - Hasharon, Israel 47100**

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:

*Del S. Dameron* **REQUIRED**

**Del S. Dameron**

**4-14-03**

**727-578-8116**

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

Date

Daytime Phone #

CR2E083 (10/02)