

N15000008777

Florida Division of Corporations  
2415 N. Monroe St., Suite 810  
Tallahassee, FL 32303

400421739444

Ref: Doc N15000008777; Doc T15000001045

May it be known that:

On September 1, 2015, a Florida not-for-profit corporation was formed: Six Gun Territory, Inc. This corporation was filed with the Florida Division of Corporations through SunBiz. Only two officers were listed for the corporation: myself – Jim Pierce and Daryl Kirby. Jim Pierce was also listed as the Registered Agent. No formal or registered Board members were elected or named for this corporation.

Each year, since the formation of the corporation, the annual filing and payment of annual corporate fees were made by Jim Pierce. The most recent filing was on March 3, 2024.

On March 20, 2024, Daryl Kirby amended the filing with the Florida Division of Corporations to reflect Daryl Kirby as President and named six individuals as Directors. Jim Pierce's name was removed from the corporate record, both as an officer and as registered agent.

Jim Pierce received no notice of the intention to remove him as a corporate officer and registered agent nor was Jim Pierce's consent given to make these changes.

Jim Pierce stands in dispute with this change as it was made illegally by Daryl Kirby.

Six Gun Territory, Inc. also owns a Service Mark (filed 9/28/2015) for the name *Six Gun Territory*. On March 20, 2024, Daryl Kirby registered a new Service Mark (T24000000322, eff. 3/25/24) Because this amendment was made without his consent, Jim Pierce retains the right to use this Service Mark and to act on behalf of Six Gun Territory, Inc. for its original purpose of entertainment and education.

Signed (Jim Pierce) \_\_\_\_\_

Address: 4645 SE 145<sup>th</sup> St., Summerfield, FL 34491

Phone: (352) 207-6360

Date: \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me via

☒ physical presence OR ☐ online notarization

This 4 day of April, 20 24.

By Jim Pierce

Personally known ☒ OR produced identification \_\_\_\_\_

Type of identification produced \_\_\_\_\_

NOTARY PUBLIC Name \_\_\_\_\_

My Commission Expires \_\_\_\_\_

