

# 2002 UNIFORM BUSINESS REPORT (UBR)

0069076 AV

DOCUMENT # P00000016157

1. Entity Name  
PROFESSIONAL GUN RETAILERS ASSOCIATION, INC.

FILED

02 OCT 25 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1525 S. ANDREWS AVE  
#214  
FT. LAUDERDALE FL 33316

Mailing Address  
1525 S. ANDREWS AVE  
#214  
FT. LAUDERDALE FL 33316



2. Principal Place of Business  
1525 S. ANDREWS AVE

3. Mailing Address  
1525 S. ANDREWS AVE

Suite, Apt. #, etc.  
SUITE 214

Suite, Apt. #, etc.  
SUITE 214

City & State  
FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE, FL

Zip  
33316

Country  
USA

Zip  
33316

Country  
USA

REINSTATEMENT

4. FEI Number 65-0988460

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MOLCHAN, ANDREW M A  
1525 S. ANDREWS AVE  
#214  
FT. LAUDERDALE FL 33316

## 7. Name and Address of New Registered Agent

Name P.G. R. A Andrew Molchan  
Street Address (P.O. Box Number is Not Acceptable)  
2400 East Las Olas Blvd  
# 397  
City FT Lauderdale FL Zip Code 33301

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 PG RA Andrew Molchan Andrew Molchan July 1st 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 PTD  
NAME MOLCHAN, ANDREW M ☐ Delete  
STREET ADDRESS 2620 ALAMANDA CT.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE VD  
NAME MOLCHAN, KATHLEEN G ☐ Delete  
STREET ADDRESS 2620 ALAMANDA CT.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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

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

13. 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 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: Andrew Molchan July 1st 2002 954 467 9997

CR2E034 (4/02)