2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000026522 1. Entity Name RENEGADE PAINTBALL SUPPLIES, INC. 04-26-2001 90100 029 ***150.00 Principal Place of Business Mailing Address 7008 MELROSE CT. 7008 MELROSE CT. LUUDAA14 PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address 71*5*2 SAme Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4.) FEI Number 363 3095 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONNELLY, MICHAEL 7008 MELROSE CT. PORT RICHEY FL 34668 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. ent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete Addition TITLE TITLE Whatsell, GAry DONNELLY, MICHAEL NAME NAME STREET ADDRESS 7004 MELROSE CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 TITLE ☐ Delete TITLE nytsell, Renee m. 50 Florida AV NAME WHYTSELL, GARY NAME STREET ADDRESS 6650 FLORIDA AVE. STREET ADDRESS Port Richey, A CITY-ST-ZIP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP ☐ Delete TITLE TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.