

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90026 013 ***150.00

DOCUMENT # P00000026522

1. Entity Name

RENEGADE PAINTBALL SUPPLIES, INC.

Principal Place of Business

**7152 CONGRESS ST
 NEW PORT RICHEY FL 34653**

Mailing Address

**7152 CONGRESS ST
 NEW PORT RICHEY FL 34653**

2. Principal Place of Business

6615 US 19 South

Suite, Apt. #, etc.

3. Mailing Address

6615 US 19 South

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34652

Country

USA

Zip

34652

Country

USA

6. Name and Address of Current Registered Agent

WHYTSELL, GARY

6650 FLORIDA AVE

NEW PORT RICHEY FL 34653-3418

7. Name and Address of New Registered Agent

Renee m Whytseil

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

6650 Florida Ave

City

New Port Richey

FL

Zip Code

34653

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

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

Renee m Whytseil (NOTE: Registered Agent signature required when reconstituting)

DATE

4-26-02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DP** ☐ Delete
 NAME **WHYSELL, GARY**
 STREET ADDRESS **6650 FLORIDA AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653-3413**

TITLE **DV** ☐ Delete
 NAME **WHYSELL, GARY**
 STREET ADDRESS **6650 FLORIDA AVE.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DV** ☐ Delete
 NAME **WHYSELL, RENEE M**
 STREET ADDRESS **6650 FLORIDA AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653-3418**

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 **Whytseil** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Renee m Whytseil SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 727/842-7529

CR2E034 (9/01)