

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90286 049 ***150.00

DOCUMENT # P00000079063

1. Entity Name

FLORIDA FIREARMS COMPANY AND ESTATE PAWN, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 654
 LUTZ FL 33548

POST OFFICE BOX 654
 LUTZ FL 33548

U I O G J A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14817 N Fla Ave

3. Mailing Address

14817 N Fla Ave

Suite, Apt. #, etc.

N/A

City & State

Tampa FL

Zip

33613

Country

Hillsborough

City & State

Tampa FL

Zip

33613

Country

Hillsborough

4. FEI Number

59-3665536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, DAVID W JR.
1209 LONDONWOOD STREET
BRANDON FL 33510

Name

ROSS KRUSE

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

11921 McIntosh RD

City

Thonotosassa

FL

Zip Code

33592

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

Ross Kruse

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

Ross Kruse

(NOTE: Registered Agent signature required when reinstating)

1-31-01

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **FOWLER, DAVID W JR.**
 STREET ADDRESS **1209 LONDONWOOD STREET**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **President** ☐ Change ☒ Addition
 NAME **Ross Kruse**
 STREET ADDRESS **11921 McIntosh RD**
 CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE **D** ☒ Delete
 NAME **LAIR, JAMES A**
 STREET ADDRESS **5101 LAKE LECLARE ROAD**
 CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Ross Kruse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ross Kruse

Date

1-31-01

Daytime Phone #

813-264-0255

CR2E034 (10/00)