

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000079063

1. Entity Name

FLORIDA FIREARMS COMPANY AND ESTATE PAWN, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 AM 11:33

Principal Place of Business

Mailing Address

14817 N. AIA AVE
TAMPA, FL 33613

14817 N. AIA AVE
TAMPA, FL 33613

2. Principal Place of Business

14817 N. FLORIDA AVE

3. Mailing Address

14817 N. FLORIDA AVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3665536

Applied For

Not Applicable

Zip

33613

Country

Hillsborough

Zip

33613

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRUSE, ROSS
11921 MCINTOSH RD
THONOTOSASSA, FL 33592

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$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

TITLE PD
NAME KRUSE, ROSS
STREET ADDRESS 11921 MCINTOSH RD
CITY-ST-ZIP THONOTOSASSA, FL 33592 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD/S
NAME KRUSE, ROSS
STREET ADDRESS 11921 MCINTOSH RD
CITY-ST-ZIP THONOTOSASSA, FL 33592 ☒ Change ☐ Addition

TITLE D
NAME FOWLER, DAVID W. JR.
STREET ADDRESS 1209 LONDONWOOD ST.
CITY-ST-ZIP BRANDON, FL 33510 ☐ Change ☒ Addition

TITLE MD
NAME LAIR, JAMES A.
STREET ADDRESS 5101 LAKE LE CLAIR RD.
CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☒ Addition

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

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

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

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

8-62001 813 376876d

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)