**FILED** 

Jan 10, 2003 8:00 am Secretary of State

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P00000081912 **DOCUMENT #**

1. Entity Name

OLD 484	4 PAWN & GUN SHOP, INC	<b>)</b> .				01-10-2003	0017 047	130.00	
13535 S. HV	ace of Business WY, 475 LD FL 34491	13535	Mailing Address 13535 S. HWY. 475 SUMMERFIELD FL 34491			-			
2. Principal	Place of Business	3. Maili	ng Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3669167		Applied For	
- Zip	Gountry	-Zip		Country		5. Certificate of Status Desired		5 Additional	
	6. Name and Address of Curren	t Registered	Agent			7 Name and Address of New Day		lequired	
MARASCIULLO, CINDY				Name	7. Name and Address of New Registered Agent Name				
1120 SW 145TH STREET (HOME)				Street	Address (F	P.O. Box Number is Not Acceptable)			
OCALA F	L 34473						<del></del>		
				City	<u>-</u>	-		p Code	
the obliga ., SIGNATURE	e named entity submits this statement f tions of registered agent.  Signature, typed or printed name of registered agen		· · · · · · · · · · · · · · · · · · ·	Registered Agent signa			da. I am familiar	with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10,	OFFICERS AND	DIRECTORS	3	11,		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARASCIULLO, CINDY 13535 S. HWY. 475 SUMMERFIELD FL 34491		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange Addition	
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TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	<del>-</del>		☐ Cha	nge Addition	

12. 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 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

Change

☐ Addition