## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P00000113757** UNEEDA GUN AND AMMO, INC. 4-30-2001 90337 031 \*\*\*150 00 Principal Place of Business Mailing Address 9360 S US HWY 441 STE 16 9360 S US HWY 441 STE 16 OCALA FL 34480 OCALA FL 34480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3688690 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILES, DONALD S JR Street Address (P.O. Box Number is Not Acceptable) 9360 S US HWY 441 STE 16 **OCALA FL 34480** City Zip Code 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 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 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. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE DP ☐ Chaone ■ Addition NAME NAME MILES, DONALD S JR STREET ADDRESS STREET ADDRESS 9360 S US HWY 441 STE 16 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 TITLE ☐ Delete TITLE Change D۷ Addition NAME NAME MILES, MARINA STREET ADORESS STREET ADDRESS 9360 S US HWY 441 STE 16 CITY-ST-7IP OCALA FL 34480 TITLE ☐ Delete TITLE DT ☐ Change Addition NAME NAME MILES. JESSICA STREET ADDRESS STREET ADDRESS 9360 S US HWY 441 STE 16 CITY-ST-ZIP CITY-ST-7IP OCALA FL 34480 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME MILES, DONALD S STREET ADDRESS STREET ADDRESS 9360 S US HWY 441 STE 16 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

04-25-01 Date

352-347-4867