

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90143 002 \*\*\*150.00

**DOCUMENT # P00000113757**

1. Entity Name

**UNEEDA GUN AND AMMO, INC.**

Principal Place of Business

**9360 S US HWY 441 STE 16  
 OCALA FL 34480**

Mailing Address

**9360 S US HWY 441 STE 16  
 OCALA FL 34480**

2. Principal Place of Business

**4121 N.W. 44TH AVE**

3. Mailing Address

**P.O. Box 770303**

Suite, Apt. #, etc.

**E 13 #7**

Suite, Apt. #, etc.

City & State

**OCALA FLORIDA**

City & State

**OCALA, FLORIDA**

Zip

Country

**34478 U.S.A.**

Zip

Country

**34477-0303 U.S.A.**

4. FEI Number

**59-3688690**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILES, DONALD S JR**

**9360 S US HWY 441 STE 16  
 OCALA FL 34480**

7. Name and Address of New Registered Agent

Name **DONALD S. MILES**

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

**4121 N.W. 44TH AVE E 13 #7**

City **OCALA**

**FL**

Zip Code

**34478**

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 **Donald S. Miles** **4/23/02**

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, 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 **MILES, DONALD S JR**  
 STREET ADDRESS **9360 S US HWY 441 STE 16**  
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **DV** ☐ Delete  
 NAME **MILES, MARINA**  
 STREET ADDRESS **9360 S US HWY 441 STE 16**  
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **DT** ☐ Delete  
 NAME **MILES, JESSICA**  
 STREET ADDRESS **9360 S US HWY 441 STE 16**  
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **DS** ☐ Delete  
 NAME **MILES, DONALD S**  
 STREET ADDRESS **9360 S US HWY 441 STE 16**  
 CITY-ST-ZIP **OCALA FL 34480**

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 **DP** ☒ Change ☐ Addition  
 NAME **DONALD S. MILES, JR**  
 STREET ADDRESS **4121 N.W. 44TH AVE E 13 #7**  
 CITY-ST-ZIP **OCALA, FLORIDA 34478**

TITLE **DV** ☒ Change ☐ Addition  
 NAME **MARINA MILES**  
 STREET ADDRESS **4121 N.W. 44TH AVE. E 13 #7**  
 CITY-ST-ZIP **OCALA, FLORIDA 34478**

TITLE **DT** ☒ Change ☐ Addition  
 NAME **JESSICA MILES**  
 STREET ADDRESS **4121 N.W. 44TH AVE. E 13 #7**  
 CITY-ST-ZIP **OCALA, FLORIDA 34478**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **DONALD S. MILES**  
 STREET ADDRESS **4121 N.W. 44TH AVE E 13 #7**  
 CITY-ST-ZIP **OCALA, FLORIDA 34478**

TITLE ☐ Change ☐ Addition  
 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: **DONALD S. MILES JR.** **4/23/02** **352-237-6260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)