

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90048 046 ***158.75

DOCUMENT # P01000001245

1. Entity Name

BLASTGARD, INC.

Principal Place of Business

**350 SORRENTO RANCHES DR
 NOKOMIS FL 34275**

Mailing Address

**350 SORRENTO RANCHES DR
 NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1109625

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GORDON, JAMES F
 350 SORRENTO RANCHES DR
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

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

City

FL

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
 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 NAME ☐ Delete

**GORDON, JIM
 350 SORRENTO RANCHES
 NOKOMIS FL 34275**

TITLE NAME ☐ Delete

**VP
 BETTLE, GUY
 134 JOURNEYS END
 ALAMO CA 94507**

TITLE NAME ☒ Delete

**VP
 MCPAUL, CHARLES
 15411 FAWN VILLA
 HOUSTON TX 77068**

TITLE NAME ☐ Delete

**ST
 GORDON, MIKE
 2926 MAGNOLIA LANE
 TARPON SPRINGS FL 34689**

TITLE NAME ☐ Delete

**PRESIDENT/DIRECTOR
 WADDELL, JOHN L. JR.
 6723 FAWNCLIFF DRIVE
 HOUSTON, TX 77069-3233**

TITLE NAME ☐ Delete

**DIRECTOR
 BURKE, JAMES A
 1004 EMERALD DRIVE
 ALEXANDRIA, VA 22308**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

CHAIRMAN/DIRECTOR

TITLE NAME ☒ Change ☐ Addition

**VP/DIRECTOR
 GETTLE, GUY**

TITLE NAME ☐ Change ☐ Addition

**ST/DIRECTOR
 GORDON, MICHAEL J.
 2926 MAGNOLIA TRACE
 34689**

TITLE NAME ☒ Change ☐ Addition

**ST/DIRECTOR
 GORDON, MICHAEL J.
 2926 MAGNOLIA TRACE
 34689**

TITLE NAME ☐ Change ☒ Addition

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TITLE NAME ☐ Change ☒ Addition

**ST/DIRECTOR
 GORDON, MICHAEL J.
 2926 MAGNOLIA TRACE
 34689**

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: **MICHAEL J. GORDON**

4/22/02 941-488-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)