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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054240

1. Entity Name
AMERICAN RANGE & GUN SHOP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3130 SW 19th Street	3130 SW 19th Street
Suite, Apt. #, etc. Bay #453	Suite, Apt. #, etc. Bay #453
City & State: Pembroke Park, FL	City & State: Pembroke Park, FL
Zip 33009 County Broward	Zip 33009 County Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1118361 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: William Clyde Brown
Street Address (P.O. Box Number Is Not Acceptable): 3130 SW 19th Street
Bay #453
City: Pembroke Park FL Zip Code 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] WILLIAM CLYDE BROWN, PRESIDENT/DIRECTOR
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	William Clyde Brown	NAME	
STREET ADDRESS	3130 SW 19th St., Bay #453	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Park, FL 33009	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	Sandra Seijo	NAME	
STREET ADDRESS	3130 SW 19th St., Bay #453	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Park, FL 33009	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT/DIRECTOR (954) 989-6968
WILLIAM CLYDE BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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