

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086237

1. Entity Name
TARPON ARMS, INC.

FILED
Mar 04, 2002 8:00 am
Secretary of State
03-04-2002 90006 049 ***150.00

0334799 AV

Principal Place of Business Mailing Address
9881 SOUTHWEST 2ND STREET 9881 SOUTHWEST 2ND STREET
PLANTATION FL 33324-2316 PLANTATION FL 33324-2316



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 65-1134451 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD LIEBLEIN, MARC D ☐ Delete
STREET ADDRESS 9881 SOUTHWEST 2ND STREET
CITY - ST - ZIP PLANTATION FL 33324-2316

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME VD BERKOWITZ, MYER T ☐ Delete
STREET ADDRESS 9881 SOUTHWEST 2ND STREET
CITY - ST - ZIP PLANTATION FL 33324-2316

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME STD GOLDSTEIN, DANIEL S ☐ Delete
STREET ADDRESS 9881 SOUTHWEST 2ND STREET
CITY - ST - ZIP PLANTATION FL 33324-2316

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 954-914-0294
Date Daytime Phone #

CR2E034 (9/01)