

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90031 042 ***150.00

0003071 AT

DOCUMENT # P01000121886

1. Entity Name

SHOOTERS WORLD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1369

P.O. BOX 1369

CHIEFLAND FL 32644

CHIEFLAND FL 32644

2. Principal Place of Business

3. Mailing Address

1225 SE 4th Terrace

PO Box 1369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chiefland, FL

Chiefland, FL

Zip

Country

Zip

Country

32626

LEVY

32644

LEVY

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, MICHAEL D

706 SW 5TH ST

TRENTON FL 32693

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael D. Gordon
STREET ADDRESS		STREET ADDRESS	706 SW 5th St
CITY-ST-ZIP		CITY-ST-ZIP	Trenton FL 32693
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gerhard Lechner
STREET ADDRESS		STREET ADDRESS	51375 Leverkusen
CITY-ST-ZIP		CITY-ST-ZIP	Aarden Forst 18 West - Germany
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Peter Theissen
STREET ADDRESS		STREET ADDRESS	42781 Haas
CITY-ST-ZIP		CITY-ST-ZIP	Mithelmstrabe 8 West - Germany
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jamie Gordon
STREET ADDRESS		STREET ADDRESS	706 SW 5th St
CITY-ST-ZIP		CITY-ST-ZIP	Trenton, FL 32693
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Michael D. Gordon President

21 Mar 2002 384 990-8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)