

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90057 025 ***150.00

DOCUMENT # P02000021499

1. Entity Name

FLORIDA FIREARMS AND PROTECTIVE SERVICES INC

94043276

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3443 RIDER PLACE

3. Mailing Address
3443 RIDER PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
010639244

Applied For
Not Applicable

Zip
32817

Country
USA

Zip
32817

Country
USA

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

7. Name and Address of Registered Agent

Name JOHN H. HAWLEY III

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

3443 RIDER PLACE

City ORLANDO FL 32817

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
STREET ADDRESS
CITY - ST - ZIP
DPST
JOHN H HAWLEY III
3443 RIDER PLACE
ORLANDO FL 32817

TITLE
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IN THIS SPACE**

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

SIGNATURE:

John H. Hawley III JOHN H HAWLEY III, DPST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

3/4/04

Daytime Phone #

407-310-6030

CR2034B (12/01)