2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2003 8:00 am Secretary of State

DOCUMENT # P02000022598 (I) 1. Entity Name A.T. ARMS, INC.								
Principal Place of Business 503 KENSINGTON LAKE CIRCLE BRANDON FL 33511 Mailing Address 503 KENSINGTON LAKE CIRCLE BRANDON FL 33511							0401	
2. Principal Place of Business	Mailing Address						وتنديي	
Suite, Apt. #, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State .	City	City & State			4. FEI Number 32-0079		2/ N	pplied For ot Applicable
Zip Country	Country Zip		Zip Country		.5Çertificale of Status	Desired	8.75 Ad	ditional ed
6. Name and Address of Current Registered Agent				lame	7. Name and Addres	s of New Registered A	gent	
TORRES, ANTHONY W 503 KENSINGTON LAKE CIRCLE BRANDON FL 33511				Street Address (P.O. Box Number is Not Acceptable)				
			· c	city	- -	FL	Zip Cod	le
8. The above named entity submits this statement for the gurpose 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						mpaign Financing Contribution.	\$5.0 Added	O May Be d to Fees
10. OFFICE	RS AND DIRECTO	PIS	11.		ADDITIONS/CHANGI	ES TO OFFICERS AND (DIRECTOR	S IN 11
Owner Anthony W. Tor STREET ADDRESS CITY-ST-ZIP Brandon FL	res iton Lake _ 33511 -	□ Delete Grole -3813	NAME STREET ADS CITY-ST-Z			1	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	J			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		☐ Delete	TITLE NAME STREET ADD CITY-51-21	DHESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI			(Change	Addition
TITLE NAME STREET ADDRESS CITY- S1- ZIP		Oefete _ :	'TITLE NAME STREET ADD CITY-ST-ZI			[☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST- 7/P 12. I hereby certify that the information supp	olied with this filling	Delete	TITLE NAME STREET ADD CITY-ST-ZH	P	on 119 07/21/3 E/a] Change	Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEHONY W. TORNES 04/28/03 8/3-643-685