05/21/2004 16:05 850-245-6015 DOS/SUPPORT SERV

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90003 042 ***150.00

DOCUMENT # P02000057692

1. Entity Name
Marx Armory Gun Fun Inc.

DO NOT WRITE IN THIS SPACE

44045909

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3219 HWY 390	3219 HWY 390
Suite, Apt. #, etc. N.A.	Suite, Apt. #, etc. N.A.
City & State: Panama City Florida	City & State: Panama City Florida
Zip: 32405 Country: Bay	Zip: 32405 Country: Bay

4. FEI Number 59-3490853 ☐ 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: Mark A. Mullins

Street Address (P.O. Box Number is Not Acceptable): 2001 Sutherland Rd.

City: Lynn Haven FL Zip Code: 32444

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 Mark A. Mullins 5/20/04
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	President CEO	TITLE	
NAME	Mark A. Mullins	NAME	
STREET ADDRESS	2001 Sutherland Rd.	STREET ADDRESS	
CITY-ST-ZIP	Lynn Haven, FL. 32444	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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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: Mark A. Mullins 5/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #