


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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 011 ***150.00

DOCUMENT # <u>P02 0000 57692</u>	
1. Entity Name <u>MARX ARMORY GUN FUN INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3219 HWY 390</u> Suite, Apt. #, etc. <u>N.A.</u> City & State <u>Panama City FL.</u> Zip <u>32405</u> Country <u>BAY</u>	3. Mailing Address <u>3219 HWY 390</u> Suite, Apt. #, etc. <u>N.A.</u> City & State <u>Panama City FL.</u> Zip <u>32405</u> Country <u>BAY</u>
--	--

DO NOT WRITE IN THIS SPACE

4. FFL Number <u>39-3490853</u>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
------------------------------------	--	---

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Mark A. Mullins</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2001 Sutherland Rd.</u>
City <u>Lynn Haven FL.</u> Zip Code <u>FL 32444</u>

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 <u>Mark A. Mullins</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3/21/03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
--	--

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>President CEO</u>		<u>FL 32444</u>
	<u>Mark A. Mullins</u>		
	<u>2001 Sutherland Rd.</u>		<u>Lynn Haven</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: <u>Mark A. Mullins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/21/03</u> <small>Daytime Phone #</small>
--	---

CR2E034B (12/02)