

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90242 020 \*\*\*150.00

**DOCUMENT # P02000109517**

**1. Entity Name**  
**ROAD ENDS SHOOTING CLUB, INC.**



**Principal Place of Business**  
**2809 RWS RANCH RD**  
**DAVENPORT FL 33837**

**Mailing Address**  
**2809 RWS RANCH RD**  
**DAVENPORT FL 33837**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**55-0793318**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCOTT, ROBERT W SR**  
**2802 RWS RANCH RD**  
**DAVENPORT FL 33837**

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. 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**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, ROBERT W SR	
STREET ADDRESS	2802 RSW RANCH RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHATLEY, BILLIE	
STREET ADDRESS	2850 SANDERS RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLIS, EDWARD L	
STREET ADDRESS	905 S 15TH ST, PO BOX 831	
CITY-ST-ZIP	HAINES CITY FL 33845	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/13/03**

Date

**863-206-7178**

Daytime Phone #

CR2E034 (10/02)