

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90215 042 ***150.00

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DOCUMENT # P02000112062

1. Entity Name
TACTICAL FIREARMS CORPORATION



Principal Place of Business
1001 S. RIVERSIDE DRIVE #104
POMPANO BEACH FL 33062

Mailing Address
1001 S. RIVERSIDE DRIVE #104
POMPANO BEACH FL 33062

11004103



2. Principal Place of Business
2620 NE 53RD ST
Suite, Apt. #, etc.

3. Mailing Address
2620 NE 53RD ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LIGHTHOUSE POINT FL
Zip
33064
Country
USA

City & State
LIGHTHOUSE POINT FL
Zip
33064
Country
USA

4. FEI Number
05-0536690
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERT, STUART
1001 S. RIVERSIDE DRIVE #104
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
ALBERT, STUART
Street Address (P.O. Box Number is Not Acceptable)
2620 NE 53RD ST
City
LIGHTHOUSE POINT FL Zip Code
33064

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)

4-30-03
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, STUART 1001 S. RIVERSIDE DRIVE #104 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, STUART 2620 NE 53RD ST LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-30-03 954242-3247
Date Daytime Phone #

CR2E034 (10/02)