

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90425 033 \*\*\*150.00

DOCUMENT # P92000000835

1. Entity Name  
SHOOTERS WAY, INC.



Principal Place of Business

5621 SARAH AVE  
UNIT 102  
SARASOTA FL 34233

Mailing Address

5621 SARAH AVE  
UNIT 102  
SARASOTA FL 34233

2. Principal Place of Business

1200 DEBRECEN ROAD

Suite, Apt. #, etc.

3. Mailing Address

1200 DEBRECEN ROAD

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip  
34240

Country

USA

City & State

SARASOTA FL

Zip  
34240

Country

USA

4. FEI Number

65-0364602

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNORS, LINDA L  
~~5621 SARAH AVE~~  
~~SUITE 102~~  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 DEBRECEN ROAD

City

SARASOTA FL

FL

Zip Code

34240

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

*Linda L. O'Connors*

4-18-03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, LAWRENCE G	
STREET ADDRESS	3102 VESPER AVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, LAWRENCE G.	
STREET ADDRESS	1200 DEBRECEN RD.	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERI L. MILLS	
STREET ADDRESS	1200 DEBRECEN ROAD	
CITY-ST-ZIP	SARASOTA, FL - 34240	
TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG L. MILLS	
STREET ADDRESS	1200 DEBRECEN ROAD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

*Lawrence G. Mills*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03 941 8096773  
Date Daytime Phone #

CR2E034 (10/02)