

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008998

1. Entity Name

ANTIQUE ARMS AMERICA, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90006 031 \*\*\*558.75

Principal Place of Business

2501 W. MAIN STREET  
 #108  
 LEESBURG FL 34748

Mailing Address

P.O. BOX 492060  
 LEESBURG FL 34749-2060  
 US

2. Principal Place of Business

8036 Lone Star Rd

Suite, Apt. #, etc.

3. Mailing Address

8038 Lone Star Rd

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3174889

Applied For

Not Applicable

Zip

32211

Country

FLORIDA

Zip

32211

Country

FLORIDA

5. Certificate of Status Desired

☒ \$8.75 - Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, EDWIN J

2501 W. MAIN STREET  
 #108  
 LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Edwin J. Bell

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

14398 Pelican Bay Ct.

City

JACKSONVILLE

FL

Zip Code

32224

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.

SIGNATURE

*[Signature]* Edwin J. Bell

08/11/00

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its tangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	BELL, EDWIN J	
STREET ADDRESS	P.O. BOX 1983	
CITY - ST - ZIP	ROGERS AR 72757-1983	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BELL, PATRICIA J	
STREET ADDRESS	P.O. BOX 1983	
CITY - ST - ZIP	ROGERS AR 72757-1983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERS PATRICIA A	
STREET ADDRESS	7214 HARBOR VIEW DR	
CITY - ST - ZIP	LEESBURG FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14398 Pelican Bay Ct.	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14398 Pelican Bay Ct	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* Edwin J. Bell

Date

08/11/00

Daytime Phone #

904-249-1030

CR2004 (5/00)