

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008998

1. Entity Name

ANTIQUE ARMS AMERICA, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90172 047 ***158.75

Principal Place of Business

8036 LOVE STAR RD
JACKSONVILLE FL 32211

Mailing Address

8036 LOVE STAR RD
JACKSONVILLE FL 32211
US

2. Principal Place of Business C/O

Andrews & Miller

3. Mailing Address

P.O. Box 491271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8543 U.S. Hwy 441

City & State

Leesburg, Fl. 34749-1271

City & State

Leesburg, Fl 34749-1271

Zip

Country

USA

Zip

Country

USA

4. FEI Number 59-3174889

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, EDWIN J.
14398 PELICAN BAY CT
JACKSONVILLE FL 32224

Name
E.F. Miller, Jr

Street Address (P.O. Box Number is Not Acceptable)
8543 U.S. Highway 441

City

Leesburg,

FL

Zip Code
34749

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, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
BELL, EDWIN J
14398 PELICAN BAY CT
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
BELL, EDWIN J
530 Seagrave Loop
Lincoln City, OR 97367 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BELL, PATRICIA J
14398 PELICAN BAY CT
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BELL, Patricia J.
530 Seagrave Loop
Lincoln City, OR 97367 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. J. Bell
PRESIDENT

04/20/01

Date

Daytime Phone #

541-764-4096

CR2E034 (10/00)