

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045506

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90038 030 ***150.00

-	ye indoor paintball co	UHI, INC.				
Principal Plac	e of Business	Mailing Address		I I I I I I I I I I I I I I I I I I I		
3737 SE JENIN		2029 NE GINGER TERRACE		ļ		
PORT ST. LUCIE FL 34952 JENSEN BEACH FL 34957 US				DO NOT WRITE IN	THIS SPACE	
03				3. Date Incorporated or Qualifed		
				06/22/1993		<u></u>
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	 	plied For
21 /04//	SELENNALD RD	26	_	65-0422671		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	
22	<u> </u>	City & State		8 Station Compaign Financing	\$5,00	
City & Stat	St Curie- Fl	28 28		B. Election Campaign Financing Trust Fund Contribution		to Fees -
23 OK	Country		-Country	8. This corporation owes the current ye	ear Inlangible	
<u> 3</u> 495	2 [25]	29 3	0	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	Registered Agent		 10. Name and Address of New Regis 	tered Agent	
			81 Name			
	IANTE, SUSAN		82 Street Ac	dress (P.O. Box Number is Not Acceptable)		
	NE GINGER TERRACE					
JEN	SEN BEACH FL 34957		83			
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zlp	Code
					FL	as sistered
agent. 1 a				rporation submits this statement for the purp stion's board of directors. I hereby accept the ared when releasing)	ATE	
SIGNATURE	Signature, typed or printed name of registered egen OFFICERS AN	and title if applicable. (NOTE: R	egistered Agent algnature req. 13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
SIGNATURE 12. TITLE PREST	Signature, typed or printed name of registered ejection of FICERS AN	and little if applicable. (NOTE: R	egistered Agent signature requ	ared when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE	
SIGNATURE 12. TITLE POES 1	Signature, typed or printed name of registered epen OFFICERS ANI DURANTE, SUSAN	and title if applicable. (NOTE: R	13. 1.1 TITLE V. PALSI 12 NAME	ADDITIONS/CHANGES TO OFFICE AME DURINGE TREE AME GRAGE TELL 129 NE GRAGER TELL	RS AND DIRECTO	
SIGNATURE 12. TITLE POST INAME STREET ADDRESS	Signature, typed or printed name of registered epen OFFICERS ANI DURANTE, SUSAN 2029 NE GINGER TERRACE	and title if applicable. (NOTE: R	13. 1.1 TITLE V. PALSIO 12 NAME 1.3 STREET ADDRESS 2	ADDITIONS/CHANGES TO OFFICE AME DURINGE TREE AME GRAGE TELL 129 NE GRAGER TELL	RS AND DIRECTO	
SIGNATURE 12. TITLE PRES 1 A NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered epen OFFICERS ANI DURANTE, SUSAN	and title if applicable. (NOTE: R	13. 1.1 TITLE / PATION 1.2 NAME 1.3 STREET ADDRESS 2 1.4 CITY-ST-2P	ADDITIONS/CHANGES TO OFFICE AME DUENNE IN 1029 NE GRUGER TELL 15215 BULL 97 3495	RS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE FLOST I NAME STREET ADDRESS CITY. ST. ZIP TITLE	Signature, typed or printed name of registered epen OFFICERS ANI DURANTE, SUSAN 2029 NE GINGER TERRACE	end lite If applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE / MASS 1.2 NAME 1.3 STREET ADDRESS 2.1 TITLE / PROS 2.1 TITLE / PROS	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE AMES DURAME JR PROPOSED BURNET TERR SENSED BURNET TERR SENSED BURNET TO 3495	ATE RS AND DIRECTO DECEMBER	IRS IN 12
SIGNATURE 12. TITLE POSS 1 NAME STREET ADDRESS CITY: 51- ZIP TITLE NAME	Signature, typed or printed name of registered epen OFFICERS ANI DURANTE, SUSAN 2029 NE GINGER TERRACE	end lite If applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE / MASS 1.2 NAME 1.3 STREET ADDRESS 2.1 TITLE / PROS 2.1 TITLE / PROS	ADDITIONS/CHANGES TO OFFICE AME DUENNE IN 1029 NE GRUGER TELL 15215 BULL 97 3495	ATE RS AND DIRECTO DECEMBER	IRS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an eddress, with all other like empowered.