2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000084599

1. Entity Name

GUN-HO #167, INC.



FILED Jun 18, 2003 8:00 am Secretary of State

06-18-2003 90021 001 ***550.00

				WE TO						
Principal Place of Business 6207 E. HILLSBOROUGH AVENUE SUITE 104 TAMPA FL 33610 US		Mailing Address 6207 E. HILLSBORG SUITE 104 TAMPA FL 33610 US	6207 E. HILLSBOROUGH AVENUE SUITE 104 TAMPA FL 33610							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			† 140†166) 110 10100 JULI 0611 6611 66	H 64141 (414)	AIBBL BIIIB	INTR INTE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			FEI Number 59-3216693 Applied For Not Applicate]
Zip Country		Zip	ip Country		5. (5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of C	Current Registered Agent			7. 1	Name and Address of New Regis	tered Age	nt		
	···			Name						1
PERRY, STEVE 1920 CEDARBROOKE DR.			Stree		Address (P.O. Box Number is Not Acceptable)					1
LUTZ FL 3	33549					·				1
				City		***************************************	FL	Zip Cod	e	1
	e named entity submits this state tions of registered agent.	ement for the purpose of chang	ing its registere	d office or registe	ered age	ent, or both, in the State of Florida	I am fam	iliar with,	and accept	4
SIGNATURE										
	Signature, typed or printed name of registe	ered agent and title if applicable.	(NOTE: Registered	Agent signature require	ed when re	instating)	DATE			_
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		550.00	State			Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.0 Added	May Be	
10.	OFFICER	RS AND DIRECTORS	11.		AD:	L DITIONS/CHANGES TO OFFICER	S AND DI	RECTOR	S IN 11	1
TITLE	DT	☐ Delete						Change	☐ Addition	8
NAME	PERRY, STEVE		NAME	:			_		_	10/
STREET ADDRESS	1920 CEDAR BROOKE		STREE	T ADDRESS						¥)
CITY-ST-ZIP	LUTZ FL		CITY-	ST-ZIP				_		Ĭ
TITLE	V	☐ Delete	TITLE			 ,		Change	Addition	CR2E034 (10/02)
NAME	YAMBURA, RAY		NAME							-
STREET ADDRESS	9604 N 16 ST			T ADDRESS						
CITY-ST-ZIP	TAMPA FL	 	CITY-	ST-ZIP		-				ļ.
TITLE		☐ Delete		4				Change	Addition	
NAME			NAME	1						
STREET ADDRESS (CITY-ST-ZIP				T ADDRESS ST-ZIP						
.,-										-
TITLE	}	☐ Delete		1		-		Change	☐ Addition	-
NAME STREET ADDRESS			NAME	T ADDRESS						
CITY-ST-ZIP				ST-ZIP		,				
								Change	- Addition	1
TITLE NAME		☐ Delete	TITLE NAME				لــا	Change	☐ Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	•			ST-ZIP						
TITLE	,	☐ Delete	TITLE					Change	Addition	1
NAME	المداري المحاليات الماران			Z						===
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
12 baraby a	sortify that the information available	ind ith this filing does not must	life of the Albertain			10.07(0)() (111-0)				1

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

643-2597