2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 16, 2008 08:00 AN Secretary of State DOCUMENT # P93000087016 1. Entity Name UBER'S LOCK AND GUN, INC. Principal Place of Business Mailing Address 5803 W FAIRFIELD DR 5803 W FAIRFIELD DR PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3216941 Not Applicable Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UBER, CURT E Street Address (P.O. Box Number is Not Acceptable) 5803 W FAIRFIELD DR PENSACOLA FL 32506 City Zip Code 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 Signature, typed or prehed harm of registered agent and the it applicable. (NOTE: Registered Agerit eignature required when reinnfatirig) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST Delete TITLE Change Addition MAME UBER, CLARA B. NAME U00000899541 04/28/08-80043-010 150.00 STREET ADDRESS 5803 W FAIRFIELD DR STREET ADDRESS PENSACOLA FL CITY - ST- ZIP CITY-ST-7IP TITLE Derete TITLE Change ■ Addition NAME tU/ME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ De-ete DUE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP THE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIPE De'ele TITLE Accition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT. F ☐ Deiele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

FILED

SIGNATURE: Class B. When, CLARA B. WBER-PRESIDENT 04/14/2008 850-456-9456