

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90274 004 ***150.00

DOCUMENT # P94000009450

1. Entity Name
SMOKIN' GUN, INC.



Principal Place of Business
4370 S TAMiami TR #311
SARASOTA FL 34231
US

Mailing Address
4370 S TAMiami TR #311
SARASOTA FL 34231
US



2. Principal Place of Business

6270 Singletree Trl
Suite, Apt. #, etc.

3. Mailing Address

6270 Singletree Trl
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number **65-0466692**

Applied For
Not Applicable

Zip
34241

Country
Sarasota

Zip
34241

Country
Sarasota

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

CLINE, RODGER

4370 S TAMiami TR #311
SARASOTA FL 34231

6270 Singletree Trl
Sarasota FL 34241

Name

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

City

FL

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 *Rodger Cline*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **CLINE, RODGER D**
STREET ADDRESS **4370 S TAMiami TR #311**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☒ **Change** ☐ **Addition**
NAME **CLINE, RODGER D**
STREET ADDRESS **6270 Singletree Trl**
CITY-ST-ZIP **Sarasota FL 34241**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

12. 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: *Rodger Cline*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

941-926-3150
Daytime Phone #

CR2E034 (10/02)