2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016286 May 12, 2000 8:00 am Secretary of State 1. Entity Name LAWMEN'S AND SHOOTERS' SOUTH, INC. 05-12-2000 90083 028 ***150.00 Principal Place of Business Mailing Address 5185 SOUTH UNIVESITY DR. 7750 9TH ST SW DAVIE FL 33328 VERO BEACH FL 32968-9298 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0487354 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C. REED KNIGHT JR. Street Address (P.O. Box Number is Not Acceptable) 7750 9TH STREET SW SUITE 501 VERO BEACH FL 32968 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE Delete KNIGHT, C. REED JR. NAME NAME STREET ADDRESS 7750 9TH ST SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Delete TITLE Change ☐ Addition TITLE KNIGHT, JAN R NAME NAME 7750 9TH ST SW STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH FL CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MCCLURE, WILLIAM H JR. NAME NAME 7750 9TH ST SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TiTi F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filling 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.