

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019619

1. Entity Name

ARMS DEPOT, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90163 002 ***150.00

Principal Place of Business

Mailing Address

413 S. FEDERAL HIGHWAY
STUART FL 34994

740 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957-4754
US

2. Principal Place of Business

1054 Pt. St. Lucie Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL.

City & State

4. FEI Number

65-0562612

Applied For

Not Applicable

Zip

Country

Zip

Country

34952

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

BALSER, RAUL
413 S FEDERAL HWY
STUART FL 34957

Name

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

740 N.E. JENSEN BEACH BLVD

City

JENSEN BEACH

FL

Zip Code

34957

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BALSER, RAUL E
STREET ADDRESS 701 N.E. TOWN TERRACE
CITY-ST-ZIP JENSEN BCH. FL 34957 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME ROBINSON, STEVEN H.
STREET ADDRESS 1601 CUTLASS ST.
CITY-ST-ZIP PORT ST LUCIE FL 34953 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with an officer or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 (521) 398-7021

CR2E034 (9/99)