

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046179

1. Entity Name

GORILLA FIREWORKS INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90075 014 \*\*\*150.00

Principal Place of Business

Mailing Address

6100 SE 78TH ST  
OCALA FL 34472

P.O. BOX 1318  
ATTN: FRANK EVANS  
FLORENCE AL 35631-1318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-1146640**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

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.

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

TITLE **C** ☐ Delete  
NAME **EVANS, FRANK**  
STREET ADDRESS **4511 HELTON DRIVE**  
CITY-ST-ZIP **FLORENCE AL 35630**

TITLE **VP** ☐ Delete  
NAME **DROPO, JEFFREY**  
STREET ADDRESS **4511 4511 HELTON DRIVE**  
CITY-ST-ZIP **FLORENCE AL 35631**

TITLE **CFO** ☐ Delete  
NAME **PALME, JOHN**  
STREET ADDRESS **4511 HELTON DRIVE**  
CITY-ST-ZIP **FLORENCE AL 35631**

TITLE **S** ☐ Delete  
NAME **DAUGHERTY, GERALD**  
STREET ADDRESS **202 NORTH COURT STREET**  
CITY-ST-ZIP **FLORENCE AL 35631**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Frank Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-00**

**256-764-6131**

CR2E034 (9/99)