2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am DOCUMENT # P97000019379 Secretary of State C Q B - CLOSE QUARTERS BATTLE, INC. 03-22-2001 90013 030 ***150.00 Mailing Address Principal Place of Business 508 WEST MAY STREET P O BOX 895578 UUUUUL DELAND FL 32720 LEESBURG FL 34789 US 2. Principal Place of Business 3. Mailing Address 2351 WILMHURST RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 64-0883041 DELAND Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-HABERMEHL, CHARLES R **508 WEST MAY STREET** DELAND FL 32720 WILMHURST ROAD 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Addition TITLE HABERMEHL, CHARLES R NAME STREET ADDRESS **508 WEST MAY STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE STREET ADDRESS . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CHANCES R. HASERMEHL 3-19-0 (