

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90498 026 ***150.00

DOCUMENT # P98000033928

1. Entity Name
BULLSEYE PAINTBALL SUPPLY OF VERO BEACH, INC.



Principal Place of Business
BULLEYE PAINTBALL
953 17TH ST
INDIAN RIVER FL 32960
US

Mailing Address
BULLEYE PAINTBALL
953 17TH ST
INDIAN RIVER FL 32960
US

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 **65-0828571**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURANTE, JAMES
10548 SOUTH U S 1
PORT SAINT LUCIE FL 34952

Name **DAVID ZALVA**

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

953 17TH STREET

City **VERO BEACH**

FL

Zip Code

32960

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-8-03**

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 **D** ☒ Delete
NAME **DURANTE, SUSAN**
STREET ADDRESS **9900 S OCEAN DR 404**
CITY-ST-ZIP **STUART FL 34997**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **DAVID ZALVA**
STREET ADDRESS **953 17TH STREET**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **P** ☒ Delete
NAME **DURANTE, JAMES**
STREET ADDRESS **9900 S OCEAN DR #404**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-03 772-562-0898

CR2E034 (10/02)