## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P98000051554 Apr 07, 2000 8:00 am Secretary of State KNIGHT SHOOTING SPORTS, INC. 04-07-2000 90026 044 \*\*\*150.00 Principal Place of Business Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 400-7000 WEST PALMETTO PARK ROAD SUITE 400 **BOCA RATON FL 33433 BOCA RATON FL 33433-3425** 3. Mailing Address 2. Principal Place of Business 7000 D. PALMETTO PARK ROAD Jeacres DO NOT WRITE IN THIS SPACE Suite, Apt.#, etc. Suite Ant.# etc. <u> 541 +</u> Applied For 4. FEI Number City & State 59-3530643 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEVEN GARELLEN Street Address (P.O. Box Number is Not Acceptable) GARELLEK, STEVEN 7000 WEST PALMETTO PARK ROAD SUITE 400 **BOCA RATON FL 33433** 7000 W. PALMETTO ROAD 33433-3425 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) FILÉ 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PST** Change TITLE TITLE ☐ Delete MARTENFELD, EDWARD NAME STREET ADDRESS STREET ADDRESS 86 GUIDED CT #23, ETOBICOKE CITY-ST-ZIP CITY-ST-7IP ONTARIO, CANADA M9V- 4K6 Change Addition ☐ Delete TITLE TITLE MARTENFELD, MARK NAME NAME STREET ADDRESS 86 GUIDED CT #23, ETOBICOKE STREET ADDRESS CITY-ST-ZIP\_ CITY-ST-ZIP ONTARIO, CANADA M9V- 4K6 Addition De ete ☐ Change TITLE TITLE DORY, ASSAF NAME NAME STREET ADDRESS STREET ADDRESS 86 GUIDED CT #23. ETOBICOKE CITY-ST-ZIP CITY-ST-ZIF ONTARIO, CANADA M9V- 4K6 ☐ Change ☐ Addition ☐ De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 29, 2000