FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90690 038 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051554

1. Entity Name
KNIGHT SHOOTING SPORTS, INC.

Principal Place of Business	Mailing Address
3007 HERON PLACE CLEARWATER, FL 33762 US	700 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON, FL 33433

2. Principal Place of Business		3. Mailing Address	
12000 US Hwy 19 N. Suite, Apt. #, etc.		12000 US Hwy 19 N. Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33764	Country USA	Zip 33764	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3530843 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
700 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name Steven Garellek, ADORNO & YOSS, P.A.
Street Address (P.O. Box Number is Not Acceptable)
700 S. Federal Highway Suite 200
City Boca Raton FL Zip Code 33432

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] 3-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARTENFELD, EDWARD 86 GUIDED CT #23, ETOBICOKE ONTARIO, CANADA, m9v 4k6	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] MARCH 6, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-546-4447