

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061122

1. Entity Name

ARIES GUN SHOP, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90085 037 ***150.00

Principal Place of Business

Mailing Address

191 SO. STATE RD.7
MARGATE FL 33068

191 SO. STATE RD.7
MARGATE FL 33063-2843

2. Principal Place of Business

3. Mailing Address

1330 No St Rd 7
Suite, Apt. #, etc.

1330 No. St. Rd. 7
Suite, Apt. #, etc.

City & State

City & State

Margate FL

Margate FL

Zip 33063

Country USA

Zip 33063

Country USA

4. FEI Number

65-0856231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZOMBEK, EDWARD R
191 SO. STATE RD.7
MARGATE FL 33068

Name EDWARD R Zombek
Street Address (P.O. Box Number is Not Acceptable)
1330 No. State Rd 7
City Margate FL Zip Code 33063

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

EDWARD R Zombek
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ZOMBEK, EDWARD R	
STREET ADDRESS	261 NW 42 AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Edward R Zombek EDWARD R Zombek 4-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #