

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066036

1. Entity Name

THE SHOOTING RANGE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90026 041 ***150.00

Principal Place of Business

Mailing Address

7000 WEST PALMETTO PARK ROAD SUITE 400
BOCA RATON FL 33433

7000 WEST PALMETTO PARK ROAD SUITE 400
BOCA RATON FL 33433-3425

2. Principal Place of Business

301 SEACREST RD

3. Mailing Address

7000 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

1051

Suite, Apt. #, etc.

200

City & State

LARGO FL.

City & State

BOCA RATON FL.

Zip

33433

Country

U.S.A.

Zip

33433-3425

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0871576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD SUITE 400
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
STEVEN GARELLEK
Street Address (P.O. Box Number is Not Acceptable)
7000 PALMETTO PARK RD. SUITE 200
City
BOCA RATON FL Zip Code
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

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

(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

TITLE	PST	<input type="checkbox"/> Delete
NAME	MARTENFELD, EDWARD	
STREET ADDRESS	86 GUIDED COURT #23	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CA M9V- 4K6	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTENFELD, MARK	
STREET ADDRESS	86 GUIDED COURT #23	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CA M9V- 4K6	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DORY, ASSAF	
STREET ADDRESS	86 GUIDED COURT #23	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CA M9V- 4K6	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 16, 2000

Daytime Phone #

727-546-4447

CR2E034 (9/93)