

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066036

1. Entity Name

THE SHOOTING RANGE, INC.

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90065 050 \*\*\*150.00

Principal Place of Business

301 SEACREST RD  
1051  
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD  
STE 200  
BOCA RATON FL 33433

2. Principal Place of Business

3007 HERON PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

Zip

33762

Country

USA

Zip

Country

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

7. Name and Address of New Registered Agent

GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD  
STE 200  
BOCA RATON FL 33433

Name

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

City

FL

Zip Code

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, 2001 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 PST  
NAME MARTENFELD, EDWARD  
STREET ADDRESS 86 GUIDED COURT #23  
CITY-ST-ZIP ETOBICOKE, ONTARIO CA M9V- 4K6 ☐ Delete

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

TITLE VP  
NAME MARTENFELD, MARK  
STREET ADDRESS 86 GUIDED COURT #23  
CITY-ST-ZIP ETOBICOKE, ONTARIO CA M9V- 4K6 ☐ Delete

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

TITLE VP  
NAME DORY, ASSAF  
STREET ADDRESS 86 GUIDED COURT #23  
CITY-ST-ZIP ETOBICOKE, ONTARIO CA M9V- 4K6 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)