FROM :THE BRUNTON-McCARTHY CPA FIRM FAX NO. :1-561-241-6332

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91147 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000066036

1. Entity Name
THE SHOOTING RANGE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3007 HERON PLACE	700 S. FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 200
City & State CLEARWATER FL	City & State BOCA RATON FL
Zip 33762 Country	Zip 33432 Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEVEN GARELLEK

Street Address (P.O. Box Number is Not Acceptable): 700 S. FEDERAL HWY 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MARNIE MARTENFELD
STREET ADDRESS	86 GUIDED COURT #23
CITY-ST-ZIP	ETOBICOKE ON CANADA M9V 4K6
TITLE	VP
NAME	MARK MARTENFELD
STREET ADDRESS	86 GUIDED COURT #23
CITY-ST-ZIP	ETOBICOKE ON CANADA M9V 4K6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VICE PRESIDENT 4/30/2002 727-546-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK MARTENFELD