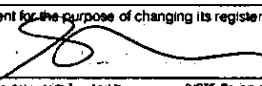
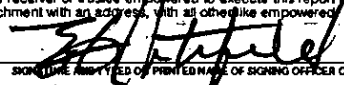


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90690 034 ***150.00

80057317

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000066036			
1. Entity Name THE SHOOTING RANGE, INC.			
Principal Place of Business 3007 HERON PLACE CLEARWATER, FL 33762		Mailing Address 7000 WEST PALMETTO PARK ROAD STE 200 BOCA RATON, FL 33433	
2. Principal Place of Business 12000 US Hwy 19 N. Suite, Apt. #, etc.		3. Mailing Address 12000 US Hwy 19 N. Suite, Apt. #, etc.	
City & State Clearwater, FL Zip 33764 Country USA		City & State Clearwater, FL Zip 33764 Country USA	
☒ CHECK HERE IF MAKING CHANGES			
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 STE 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:  DATE: 3-4-03			
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: PST NAME: MARTENFELD, EDWARD STREET ADDRESS: 86 GUIDED COURT #23 CITY-ST-ZIP: ETOBICOKE, ONTARIO, CA m9v 4k6 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition 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: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition 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: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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: 		DATE: MARCH 6, 2003	

727-546-4447