

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90282 036 ***150.00

DOCUMENT # P98000067496

1. Entity Name
SHOT GUN EAST, INC.

Principal Place of Business
**1000 NORTH HIATUS ROAD
 PEMBROKE PINES FL 33026**

Mailing Address
**5100 TOWN CENTER CIRCLE
 STE 330
 BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1000 N. Hiatus Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

Country

33026

USA

4. FEI Number

65-0855353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.

**5100 TOWN CENTER CIRCLE SUITE 330 430
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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, 2002 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 **PD** ☐ Delete
 NAME **MILLER, ROBERT B**
 STREET ADDRESS **11801 PEMBROKE ROAD**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S/D/VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1000 N. Hiatus Rd., Suite 100**
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Leonard Miller**
 STREET ADDRESS **1000 N. Hiatus Rd., Suite 100**
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 ROBERT B MILLER, V. Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

954-431-6100
 Daytime Phone #

CR2E034 (9/01)