

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90104 001 *2,381.25

DOCUMENT # P98000084096
1. Entity Name
INTERNATIONAL PAINTBALL MANUFACTURING CORP.

Principal Place of Business
10125 W COLONIAL DR. #212
OCOE FL 34761
US

Mailing Address
10125 W COLONIAL DR. #212
OCOE FL 34761
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11800 28th St. NO
 Suite, Apt. #, etc.

3. Mailing Address
11800 28th St. NO.
 Suite, Apt. #, etc.

City & State
St. Petersburg, FL.

City & State
St. Petersburg, FL.

Zip
33716

Country
USA

Zip
33716

Country
USA

4. FEI Number
59-3712248

APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAMILLO, JOSEPH
10125 W COLONIAL DR
SUITE 212
OCOE FL 34761

7. Name and Address of New Registered Agent
Name
JOSEPH Camillo
Street Address (P.O. Box Number is Not Acceptable)
11800 28th St. NO.
City
St. Petersburg **FL** **Zip Code**
33716

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 Joseph Camillo Joseph Camillo 2/21/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMILLO, JOSEPH 10125 W COLONIAL DR #212 OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR ROBERT SALVESON 11800 28th St. NO. St. Petersburg, FL. 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAMELA COTTEN 11800 28th St. NO. St. Petersburg, FL. 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH Camillo 11800 28th St. NO. St. Petersburg, FL. 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Camillo/Director 2/21/02 727-592-0146
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)