## **FILED**

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90522 001 \*2,222.50

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

Mailing Address

DOCUMENT #

Principal Place of Business

P98000084096

1. Entity Name

INTERNATIONAL PAINTBALL MANUFACTURING CORP.



11800 28TH ST. N. 11800 28TH ST. N. SAINT PETERSBURG FL 33716 SAINT PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3712248 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMILLO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 11800 28TH ST. N. SAINT PETERSBURG FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITI F ☐ Change ■ Addition Detete CAMILLO, JOSEPH NAME NAME 11800 28TH ST. N. STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33716 CITY-ST-ZIP Addition TITLE Delete TITLE Change Change NAME SALVESON, ROBERT NAME STREET ADDRESS STREET ADDRESS 11800 28TH ST. N. CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33716 TITLE ☐ Delete TITLE ☐ Change Addition NAME COHEN, PAMELA NAME STREET ADDRESS 11800 28TH ST. N. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SAINT PETERSBURG FL 33716 Delete TITL F ☐ Change ☐ Addition DOUGLAS WARD NAME NAME 11800 281H St. NO. St. Fefens BURG , FL. 337/6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

SIGNATURE: