

## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90034 012 \*\*\*150.00

DOCUMENT # P98000097534

1. Entity Name

STRAIGHT SHOT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~3403 EHRLICH ROAD  
TAMPA FL 33618~~~~3403 EHRLICH ROAD  
TAMPA FL 34652 4410~~4919 DORY DR  
NEW PORT RICHEY, FL 34652 SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 22-3619209

5. Certificate of Status Desired ☐\$8.75  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUENY, JON M

~~3403 EHRLICH RD.  
TAMPA FL 33618~~4919 DORY DR.  
NEW PORT RICHEY, FL  
34652

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00  
Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
REAVES, VIRGINIA M  
~~3403 EHRLICH ROAD  
TAMPA FL 33618~~ ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KUENY, JON M  
~~3403 EHRLICH ROAD  
TAMPA FL 33618~~ ☐ DeleteTITLE  
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4919 DORY DR  
NEW PORT RICHEY, FL 34652TITLE  
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CITY-ST-ZIP  
☐ Change ☐

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 12, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #