2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
04-27-2000 90086 026 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000401178

DOCUMENT # P99000070748

1. Entity Name

UNIVERSAL WEAPONS, INC.

Principal Place of Business	Mailing Address
5659 COMMERCE DRIVE, SUITE 102 ORLANDO FL 32839	5659 COMMERCE DRIVE, SUITE 102 ORLANDO FL 32839-2964

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11455 S. ORANGE BLOSSOM TR.	11455 S. ORANGE BLOSSOM TR.
Suite, Apt. #, etc.: #13	Suite, Apt. #, etc.: #13
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32837-0064 Country: USA	Zip: 32837-0064 Country: USA

4. FEI Number: 59-3591740 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LWIN, MICHAEL T 5659 COMMERCE DRIVE, SUITE 102 ORLANDO FL 32839 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MALTIN, BRANDON R 5659 COMMERCE DRIVE, SUITE 102 ORLANDO FL 32839 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 REQUIRED President 4/20/00 (407) 851-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #