

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90465 025 ***150.00

DOCUMENT # P99000099890

1. Entity Name

JOHN R. LEDGERWOOD, PISTOL GRIPS, INC.



Principal Place of Business

1919 JACKSON LANE
DAYTONA BEACH FL 32124

Mailing Address

1919 JACKSON LANE
DAYTONA BEACH FL 32124

2. Principal Place of Business

1919 JACKSON LANE

3. Mailing Address

1919 JACKSON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL ~~32128~~

City & State

PORT ORANGE, FL

Zip

32128

Country

Zip

32128

Country

4. FEI Number

59-3697694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEDGERWOOD, JOHN R
1919 JACKSON LANE
DAYTONA BEACH FL 32124

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS LEDGERWOOD, JOHN R
CITY-ST-ZIP 1919 JACKSON LANE
DAYTONA BEACH FL 32124

TITLE ☐ Delete
NAME V
STREET ADDRESS LEDGERWOOD, EILEENE
CITY-ST-ZIP 1919 JACKSON LN
DAYTONA BEACH FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN R. LEDGERWOOD President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 386 254-8889

Date

Daytime Phone #

CR2E034 (10/02)