2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 08:00 AM DOCUMENT # V23106 1. Entity Name **Secretary of State** NORTH AMERICAN TOP-GUN, INC. Principal Place of Business Mailing Address 270 ESTRELLA AVE. 270 ESTRELLA AVE. ST. AUGUSTINE FL ST. AUGUSTINE FL32095 32905 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3113837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE 270 ESTRELLA AVE. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL32095 US 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. BRUCE L. MOORE 04/23/2001 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 FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MOORE, BRUCE L. MAME NAME MOORE, BRUCE L. 345 REDWING LANE STREET ADDRESS STREET ADDRESS 345 REDWING LANE CITY-ST-ZIP ST. AUGUSTINE FL 32084 ST. AUGUSTINE CITY-ST-ZIP 32080 DV☐ Delete TITLE X Change NAME MOORE VELDA J. NAME MOORE VELDA J. STREET ADDRESS 345 REDWING LANE STREET ADDRESS 345 REDWING LANE CITY-ST-ZIP ST. AUGUSTINE FL 32084 CITY-ST-ZIP ST. AUGUSTINE FL32080 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

04/23/2001

Daytime Phone #

Date

Bruce L. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _