

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90147 035 ***150.00

DOCUMENT # V43529

1. Entity Name

THOMSON PRECISION ARMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3768 US HWY 1

Suite, Apt. #, etc.

3. Mailing Address

c/o I.C. Thomson

Suite, Apt. #, etc.

4330 Peppertree St.

DO NOT WRITE IN THIS SPACE

City & State
Cocoa FL 32926

City & State
Cocoa FL 32926-2871 US

4. FEI Number
59-3120414

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

THOMSON, Richard A.

Street Address (P.O. Box Number is Not Acceptable)

152 Silver Hill Lane

City

Cocoa

FL

Zip Code
32926

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTs
THOMSON, Richard A.
152 Silver Hill Lane
Cocoa, FL. 32926

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April, 29, 2002

Date

Daytime Phone #

321 6314100