

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F000000006299**

1. Entity Name

OUT TECH, INC.



FILED
04 JAN 22 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3607 ROSEMONT AVE

3. Mailing Address
3607 ROSEMONT AVE

Suite, Apt. #, etc.
STE 502

Suite, Apt. #, etc.
STE 502

City & State
CAMP HILL PA

City & State
CAMP HILL PA

4. FEI Number 23-2892355

Applied For
Not Applicable

Zip
17011

Country

Zip
17011

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C.T. CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City PLANTATION

FL

Zip Code
33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
CDP KUNKLE, STEPHEN
3607 ROSEMONT AVE., STE 502
CAMP HILL PA 17011

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVST MARINO, BARTH
3607 ROSEMONT AVE., STE 502
CAMP HILL PA 17011

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000025863560
12/31/03--01010--025 **150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/03

Date

717-24-3001

Daytime Phone #

CR2E034B (12/02)