

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90064 045 \*\*\*150.00

722925



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J10838**

1. Entity Name

**CENTRAL OUTLETS INC.**

Principal Place of Business

Mailing Address

702 NORTH 19TH STREET  
 BOX 614  
 PALATKA FL 32178

702 NORTH 19TH STREET  
 P.O. BOX 614  
 PALATKA FL 32178-0614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2841716**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MATTEA, FRANK**  
**3701 CRIHL AVENUE**  
**PALATKA FL 32177**

Name **FRANK MATTEA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**109 CARLOS CT**  
 City **PALATKA** FL Zip Code **32177**

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

*Frank Mattea (FRANK MATTEA) PRES.*

**4-22-00**

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)

**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MATTEA, FRANK</b>
STREET ADDRESS	<b>3701 CRIHL AVENUE</b>
CITY-ST-ZIP	<b>PALATKA FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>MATTEA, ROSEMARIE</b>
STREET ADDRESS	<b>3701 CRIHL AVENUE</b>
CITY-ST-ZIP	<b>PALATKA FL</b>
TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

*Frank Mattea (FRANK MATTEA) PRES.*

**4-22-00 (904-328-3113)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)