

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 350865

1. Entity Name

OUTLAW'S INTERIORS, INC.

Principal Place of Business

3416 S DALE MABRY HWY
TAMPA FL 33629
US

Mailing Address

3416 S DALE MABRY HWY
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1272340

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OUTLAW, CAROL
704 W BRADDOCK
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name Archie Willard Outlaw

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

704 W Braddock

City

Tampa

FL

Zip Code

33603

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

Archie W Outlaw

Archie W Outlaw

Sept 8, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OUTLAW, ARCHIE WILLARD	
STREET ADDRESS	704 BRADDOCK	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OUTLAW, CAROL	
STREET ADDRESS	704 BRADDOCK	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	S	<input type="checkbox"/> Delete
NAME	EWBANK, HAZEL	
STREET ADDRESS	4931 BAYWAY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100003430221--5	
CITY-ST-ZIP	-10/19/00--01089--025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****550.00	
STREET ADDRESS	*****550.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100003430221--5	
CITY-ST-ZIP	-10/19/00--01089--025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****5.00	
STREET ADDRESS	*****5.00	
CITY-ST-ZIP		
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:

Archie W Outlaw

Sept 8, 2000

913-937-5432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)