

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 558262

1. Entity Name

CHARLES E. OUTLAW & SONS, INCORPORATED

Principal Place of Business

Mailing Address

3520 CRAFTSMAN RD  
PO BOX 276  
EATON PARK FL 33840

3520 CRAFTSMAN RD  
PO BOX 276  
EATON PARK FL 33840-0276

2. Principal Place of Business

3. Mailing Address

3520 Craftsman Blvd.

PO Box 276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, FL

Eaton Park, FL

Zip

Country

Zip

Country

33803

33840-0276



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1842789

Applied For

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

OUTLAW, CHARLES E.  
1428 LONG STREET  
LAKELAND, FL 33801

Name

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

City

FL

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.

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) ☐

**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 PD  
NAME OUTLAW, CHARLES E.  
STREET ADDRESS 1428 LONG STREET  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME OUTLAW, TIMOTHY C.  
STREET ADDRESS 211 MARCUM TRACE  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME STEPHENS, SUZANNE O  
STREET ADDRESS 3932 DUFF RD  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Charles E. Outlaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2000 [863] 665-9146