

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90305 007 \*\*\*158.75

**DOCUMENT # F00000002199**

1. Entity Name

**OUTFIT US, INC.**

Principal Place of Business

**4408 WEST LINEBAUGH AVENUE  
TAMPA FL 33624**

Mailing Address

**4408 WEST LINEBAUGH AVENUE  
TAMPA FL 33624**

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

**56-2225841**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>DORAN, EDWARD</b>	
STREET ADDRESS	<b>4408 WEST LINEBAUGH AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	<b>DERHOFER, GOERGE N</b>	
STREET ADDRESS	<b>WALKER ROAD</b>	
CITY-ST-ZIP	<b>MARTINSVILLE VA 24115</b>	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	<b>TEMPLIN, DANIEL E</b>	
STREET ADDRESS	<b>WALKER ROAD</b>	
CITY-ST-ZIP	<b>MARTINSVILLE VA 24115</b>	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	<b>PICKARD, FRANK C III</b>	
STREET ADDRESS	<b>628 GREEN VALLEY ROAD, SUITE 500</b>	
CITY-ST-ZIP	<b>GREENSBORO NC 27408</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>CUMMINGS, CANDACE S</b>	
STREET ADDRESS	<b>628 GREEN VALLEY ROAD, SUITE 500</b>	
CITY-ST-ZIP	<b>GREENSBORO NC 27408</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MCDONALD, MACKAY J</b>	
STREET ADDRESS	<b>628 GREEN VALLEY ROAD, SUITE 500</b>	
CITY-ST-ZIP	<b>GREENSBORO NC 27408</b>	

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Keene, Peter E</b>	
STREET ADDRESS	<b>Walker Road</b>	
CITY-ST-ZIP	<b>Martinsville, VA 24115</b>	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)