

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90078 019 ***158.75

DOCUMENT # F01000000797

1. Entity Name

CDR OUTLET, INC.



Principal Place of Business

933 BEVILLE RD., #103-A
SOUTH DAYTONA FL 32119

Mailing Address

933 BEVILLE RD., #103-A
SOUTH DAYTONA FL 32119

2. Principal Place of Business

874 SUGAR GROVE CT

3. Mailing Address

874 SUGAR GROVE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32129

Country

Zip

32129

Country

4. FEI Number

88-0421414

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STAFFORD, STEVE

933 BEVILLE RD., #103-A

SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

STEVE STAFFORD

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

874 SUGAR GROVE CT

City

Port Orange

FL

Zip Code

32129

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

03/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 P ☐ Delete
NAME STAFFORD, STEVE
STREET ADDRESS 874 SUGAR GROVE CT.
CITY-ST-ZIP PORT ORANGE FL

TITLE S ☐ Delete
NAME STAFFORD, ELVIA G
STREET ADDRESS 874 SUGAR GROVE CT.
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/03 (386) 304-8546
Date Daytime Phone #

CR2E034 (10/02)