

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90082 006 ***150.00

DOCUMENT # F01000002120

1. Entity Name
THE OUTDOOR ADVANTAGE, INC.

Principal Place of Business

1118 FIRST STREET, STE 200
SNOHOMISH WA 98920

Mailing Address

7167 OLD KINGS RD
JACKSONVILLE FL 32219

2. Principal Place of Business

7167 Old Kings Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

91-1874202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTNEY, STAFFORD
7167 OLD KINGS RD
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name

Carolyn Price

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

7167 Old Kings Road

City

Jacksonville

FL

Zip Code

32219

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, 2002 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 CD ☐ Delete
NAME HEMINGWAY, JON
STREET ADDRESS 1118 FIRST STREET, STE 200
CITY-ST-ZIP SNOHOMISH WA

TITLE ST ☐ Delete
NAME DONCKERS, LARRY
STREET ADDRESS 1118 FIRST STREET, STE 200
CITY-ST-ZIP SNOHOMISH WA

TITLE D ☐ Delete
NAME LAWRENCE, DAVID H
STREET ADDRESS 1118 FIRST STREET, STE 200
CITY-ST-ZIP SNOHOMISH WA

TITLE D ☒ Delete
NAME MCCARTNEY, STAFFORD H
STREET ADDRESS 7167 OLD KINGS RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

904-378-1884

Daytime Phone #

CR2E034 (9/01)