

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91289 034 ***150.00

DOCUMENT # F01000002120

1. Entity Name
THE OUTDOOR ADVANTAGE, INC.



Principal Place of Business - Mailing Address
7167 OLD RINGS RD 7167 OLD KINGS RD
JACKSONVILLE FL 32219 JACKSONVILLE FL 32219

11023517



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1874202**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, CAROLYN
7167 OLD KINGS RD
JACKSONVILLE FL 32219

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carolyn Price*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME ☒ Change ☐ Addition
CD
Hemingway, Jon
STREET ADDRESS
1131 SW Klickitat Way
CITY-ST-ZIP
Seattle, WA 98134

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

TITLE NAME ☒ Change ☐ Addition
ST
Donckers, Larry
STREET ADDRESS
1131 SW Klickitat Way
CITY-ST-ZIP
Seattle, WA 98134

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

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

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

Date

Daytime Phone #

2/19/03

CR2E034 (10/02)