2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State
02-13-2003 90211 028 ***150.00

DOCUMENT # F31923

1. Entity Name
OUT AND ABOUT PUBLICATIONS, INC.

Principal Place of Business
4626 SOUTHWEST HAMMOCK CREEK DRIVE
PALM CITY FL 34990
US

Mailing Address
4626 SOUTHWEST HAMMOCK CREEK DRIVE
PALM CITY FL 34990
US

2. Principal Place of Business	3. Mailing Address
5313 SE Miles Grant Rd.	5313 SE Miles Grant Rd.
Suite, Apt. #, etc.: Suite K-107	Suite, Apt. #, etc.: Ste K-107
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34997 Country: USA	Zip: 34997 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2100788 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEY, KAREN
~~4626 SOUTHWEST HAMMOCK CREEK DRIVE~~
~~PALM CITY FL 34990~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5313 SE Miles Grant Road
Suite K-107
City Stuart FL Zip Code 34997

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	☐ Delete
NAME	ALLEY, KAREN	
STREET ADDRESS	4626 SOUTHWEST HAMMOCK CREEK DRIVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	☐ Delete
NAME	STIMPSON, BARBARA	
STREET ADDRESS	525 - 77 S. CONWAY RD.	
CITY-ST-ZIP	ORLANDO 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		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Karen A. Alley Pres   2/10/03   (772) 285-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KAREN A. ALLEY Pres