

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90234 022 ***150.00

DOCUMENT # F99000003597

1. Entity Name

OUT2.COM, INC.

Principal Place of Business

Mailing Address

631 US Hwy 1
 Suite 411
 North Palm Beach, FL
 33408

Same

2. Principal Place of Business

3. Mailing Address

631 US Hwy 1
 Suite, Apt. #, etc.
 Suite 411

631 US Hwy 1
 Suite, Apt. #, etc.
 Suite 411

City & State
 N. Palm Beach FL

City & State
 North Palm Beach FL

Zip
 33408

Country
 USA

Zip
 33408

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0930318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | LEONARD, ROBERT E | |
| STREET ADDRESS | 500 Ocean Trail Way | |
| CITY-ST-ZIP | Jupiter, FL 33477 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FROOMKIN, MICHAEL | |
| STREET ADDRESS | 500 OCEAN TRAIL WAY, #102 | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ADAMS, WILLIAM | |
| STREET ADDRESS | 500 OCEAN TRAIL WAY, #102 | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HALL, DICK | |
| STREET ADDRESS | 500 OCEAN TRAIL WAY, #102 | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Sam Anthony | |
| STREET ADDRESS | 631 US Hwy 1 Suite 411 | |
| CITY-ST-ZIP | North Palm Beach FL 33408 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert E Leonard | |
| STREET ADDRESS | 631 US Hwy 1 Suite 411 | |
| CITY-ST-ZIP | North Palm Beach FL 33408 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael Froomkin | |
| STREET ADDRESS | 631 US Hwy 1 Suite 411 | |
| CITY-ST-ZIP | North Palm Beach FL 33408 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | William Adams | |
| STREET ADDRESS | 631 US Hwy 1 Suite 411 | |
| CITY-ST-ZIP | North Palm Beach FL 33408 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DICK HALL | |
| STREET ADDRESS | 631 US Hwy 1 Suite 411 | |
| CITY-ST-ZIP | North Palm Beach FL 33408 | |
| 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002

Date

561-863-7877

Daytime Phone #

CR2E034 (9/01)