

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G52966**

1. Entity Name

OUTDOOR ETC. OF SEMINOLE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90028 027 ***150.00

Principal Place of Business

Mailing Address

P O BOX 950639
 LAKE MARY FL 32795-7639

P O BOX 950639
 LAKE MARY FL 32771-8005

2. Principal Place of Business

1450 Kastner Place

3. Mailing Address

1450 Kastner Place

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

Sanford FL

City & State

Sanford FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

59-2310777

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAULEY, STEPHEN B.
~~467-207 HAMPTON CREST CIR~~
~~LAKE MARY FL 32746~~

7. Name and Address of New Registered Agent

Name

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

168 Promenade Circle

City

Sanford Lake Mary

FL

Zip Code

32746

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PDV	PAULEY, STEPHEN B.	467-207 HAMPTON CREST CR	HEATHROW FL	<input type="checkbox"/>
V	MARKO, RICHARD A.	1077 CROSS CUT WAY	LONGWOOD FL 32750	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<i>168 Promenade Circle</i>	<i>Heathrow FL 32746</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

S. B. Pauley
 S.B. Pauley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00
 Date

407 302 0771
 Daytime Phone #