

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90110 013 ***150.00

DOCUMENT # J29949
1. Entity Name
GOLF LIQUIDATION OUTLET, INC

DO NOT WRITE IN THIS SPACE

| | | | |
|---|------------------------------|--|------------------------------|
| 2. Principal Place of Business 1870 OKEECHOBEE BLVD | | 3. Mailing Address 695 HIBISCUS STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State WEST PALM BEACH, FL | | City & State WEST PALM BEACH, FL | |
| Zip 33401 | Country PALM BEACH | Zip 33401 | Country PALM BEACH |

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-2706682 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | |
|-----------------------------------|--|-----------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name LOUIS P. SELVIDIO, JR | |
| | Street Address (P.O. Box Number is Not Acceptable) 695 HIBISCUS STREET | |
| | City WEST PALM BEACH | Zip Code FL 33401 |

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. <input type="checkbox"/> (See criteria on back) | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD SELVIDIO, LOUIS P, JR 695 HIBISCUS ST. WEST PALM BEACH, FL 33401 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)