

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90726 045 \*\*\*\*50.00

**DOCUMENT # L01000020222**

1. Entity Name  
**OUTER LIMITS DIRECT, LLC**

Principal Place of Business  
**1900 NORTH ATLANTIC AVE., STE. 511  
 COCOA BEACH FL 32931**

Mailing Address  
**1900 NORTH ATLANTIC AVE., STE. 511  
 COCOA BEACH FL 32931**

2. Principal Place of Business  
**1900 S. HARBOR CITY BLVD.**

3. Mailing Address  
**1900 S. HARBOR CITY BLVD.**

Suite, Apt. #, etc.  
**SUITE 209**

City & State  
**MELBOURNE, FL**

City & State  
**MELBOURNE, FL**

Zip  
**32901**

Country  
**BREVARD**

Zip  
**32901**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-375-8331**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM  
 SMITH, NEIL W  
 921 LYDIA CIRCLE  
 INDIAN HARBOUR BEACH FL 32937**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM  
 MARTIN, THOMAS  
 860 SPRING OAK DR.  
 MELBOURNE FL 32901**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**ST Thomas E. Martin**

**5/14/02**

**321-952-5507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)