

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99 000000 899

1. Entity Name

Flagship Outdoor, LLC

Principal Place of Business

Mailing Address

806 W. DeLeon St.
Suite C
Tampa, FL 33606

same

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

mf

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-355 9685

Applied For

Not Applicable

5. Certificate of Status Desired

X **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mohip, Aminie
234 East Davis Blvd
Tampa, FL 33606

Name

San J. Moore

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

806 W. DeLeon St. Suite C

City

Tampa

FL

Zip Code

33606

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

Aminie Mohip

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MOORE MGRM</u> <u>JLH Outdoor Inc,</u> <u>806 W. DeLeon St. Suite C Tampa, FL 33606</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Moore, San</u> <u>234 East Davis Blvd.</u> <u>TAMPA, FL 33606</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MOORE MGRM</u> <u>ACS, MGRM</u> <u>517 Route 1 South, Ste 1002</u> <u>Ipswich, NJ 08830</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300003351193--9</u> <u>08/09/00 01000 001</u> <u>*****60.00 *****60.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JLH Outdoor

0500.00

813 290.06 21

Member, Flagship Outdoor, LLC

Daytime Phone #

CR2E083 (11/99)