

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61248

1. Entity Name

THE OUTLAW, INC.

666596

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4119 N. STATE RD. 7

3. Mailing Address

1535 N. PARK DRIVE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

STE. 220

Suite, Apt. #, etc.

STE. 103

City & State

FT. LAUDERDALE, FL

City & State

WESTON, FL

Zip

33319

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0012433

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOEL SANDERS & COMPANY, PA

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

1535 N. PARK DRIVE, SUITE 103

City

WESTON

FL

Zip Code

33326

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IN THIS SPACE

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

JOEL SANDERS & Co. PA.

4/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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
D	LARRY SELMONSKY	4119 N. STATE RD. 7	FT. LAUDERDALE, FL 33319
D	MITCHELL COHEN	4119 N. STATE RD. 7	FT. LAUDERDALE, FL 33319
D	STEVEN COHEN	4119 N. STATE RD. 7	FT. LAUDERDALE, FL 33319

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY Selmonsky APRIL 30, 02

CR2034B (12/01)