

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61248 1. Entity Name The OUTLAW, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4119 N. STATE Road 7 Suite, Apt. #, etc. SUITE 220 City & State Ft. Lauderdale, FL. Zip 33319 Country US	3. Mailing Address 1535 N. Park DR. Suite, Apt. #, etc. SUITE 103 City & State Weston, FL. Zip 33326 Country US
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DO NOT WRITE IN THIS SPACE

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	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and his or her if applicable

(Print) Registered Agent's name is required when "Not Applicable"

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Selmonsky, LARRY 4119 N. STATE Rd. 7, SUITE 108 FT. Lauderdale, FL. 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, MITCHELL 4119 N. STATE Rd 7, SUITE 128 FT. Lauderdale, FL. 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cohen, Steven 4119 N. STATE Rd 7, SUITE 128 FT. Lauderdale, FL. 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-03

954-385-9290

CR2E034B (12/02)