

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90077 009 ****61.25

DOCUMENT # N11662

1. Entity Name

OUTPOST MISSION, INC.

Principal Place of Business

311 ELLINGTON STREET
 C/O DONALD T. CLARKE - SR.
 PORT CHARLOTTE FL 33593

Mailing Address

311 ELLINGTON STREET
 C/O DONALD T. CLARKE. SR.
 PORT CHARLOTTE FL 33593

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

59-2605270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKE, DONALD T, SR
311 ELLINGTON ST
PORT CHARLOTTE FL 33593

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: CLARKE, DONALD T Delete
 STREET ADDRESS: 311 ELLINGTON ST
 CITY-ST-ZIP: PORT CHARLOTTE FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD
 NAME: CLARKE, FAY L Delete
 STREET ADDRESS: 311 ELLINGTON ST
 CITY-ST-ZIP: PORT CHARLOTTE FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: S
 NAME: FIKE, CAROLINE Delete
 STREET ADDRESS: 183 S CHRISTMAS RD.
 CITY-ST-ZIP: CHRISTMAS FL

TITLE: Executive Secretary Change Addition
 NAME: Bob Walsh
 STREET ADDRESS: 2100 Kings Hwy #261
 CITY-ST-ZIP: Port Charlotte FL 33980

TITLE: VD
 NAME: BATDORF, KURVIN Delete
 STREET ADDRESS: POTTSVILLE STREET
 CITY-ST-ZIP: HERNDON PA

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Donald T. Clarke, Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

941 627 4591

Daytime Phone #

CR2E037 (10/00)