

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 048 ***150.00

DOCUMENT # P00000025446

1. Entity Name
OUT FRONT SOFTWARE, INC.

Principal Place of Business

**330 N.W. 115TH WAY
 CORAL SPRINGS FL 33071**

Mailing Address

**330 N.W. 115TH WAY
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

10922 NW 15 St

3. Mailing Address

10922 NW 15 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LENZ, DOUGLAS A
 330 N.W. 115TH WAY
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **Pablo Marcilla**
 Street Address (P.O. Box Number is Not Acceptable)
10922 NW 15 St.
 City **Coral Springs** **FL** Zip Code **33071**

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 *Pablo Marcilla*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MARCILLA, PABLO	
STREET ADDRESS	10922 N.W. 15TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENZ, DOUGLAS A	
STREET ADDRESS	330 N.W. 115TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAN, ALAN	
STREET ADDRESS	12445 N.W. 10TH COURT	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	JHAVERI, RAKESH	
STREET ADDRESS	18230 N.W. 16TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMERO, JOSE	
STREET ADDRESS	16516 NW 16 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEEKINS, DAVID S	
STREET ADDRESS	2562 NW 112 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pablo Marcilla
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)