

2001 UNIFORM BUSINESS REPORT (UBR)

4/9/

FILED
May 11, 2001 8:00 am
Secretary of State

04-09-2001 90056 007 ***150.00

DOCUMENT # P00000038531

1. Entity Name

OUTLAW FAMILY ENTERPRISES, INC.

Principal Place of Business
 10563 CLYDESDALE DR. WEST
 JACKSONVILLE FL 32257

Mailing Address
 10563 CLYDESDALE DR. WEST
 JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593637245

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

JOHNSON, KEITH H ESQ.
8810 GOODBY'S EXECUTIVE DR., STE. A
JACKSONVILLE FL 32217

Name: **Darryl Outlaw**
 Street Address (P.O. Box Number is Not Acceptable): **10563 Clydesdale Dr. W.**
 City: **Jacksonville** FL Zip Code: **32257**

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

4/5/2001
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Darryl Outlaw <input type="checkbox"/> Delete
NAME	Darryl Outlaw
STREET ADDRESS	10563 Clydesdale Dr. W.
CITY-ST-ZIP	Jacksonville 71 32257
TITLE	Dena Outlaw <input type="checkbox"/> Delete
NAME	Dena Outlaw
STREET ADDRESS	10563 Clydesdale Dr. W.
CITY-ST-ZIP	Jacksonville 71 32257
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Corp Secretary <input type="checkbox"/> Change <input checked="" 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
NAME	
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:

Darryl Outlaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/5/2001

DATE

904 233 9075

DAYTIME PHONE #

CR2E034 (10/00)