

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90447 045 ***150.00

DOCUMENT # P00000039904

1. Entity Name
OUTBACK GARDEN & STORAGE SHEDS, INC.



Principal Place of Business
RT. 1, BOX 111-C
LAMONT FL 32336

Mailing Address
P.O. BOX 688
MONTICELLO FL 32345



2. Principal Place of Business
645 TAU TRAIL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
MONTICELLO, FL
Zip
32344

City & State
Zip
Country

4. FEI Number
59-3655847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, BARRY P
RT. 1, BOX 147-A
LAMONT FL 32336

7. Name and Address of New Registered Agent

Name
Cecil L. Thompson
Street Address (P.O. Box Number is Not Acceptable)
645 TAU TRAIL
City
MONTICELLO FL
Zip Code
32344

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 *Cecil L. Thompson* **Cecil L. Thompson** **04-26-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THOMPSON, CECIL L
645 TAU TR.
MONTICELLO FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SHELBY B THOMPSON
645 TAU TRAIL
MONTICELLO, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SURLES, THOMAS J
RT. 1, BOX 147-A
LAMONT FL 32336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
KELLY, BARRY P
RT. 1, BOX 147-A
LAMONT FL 32336

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CITY-ST-ZIP

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

SIGNATURE: *Cecil L. Thompson* **Cecil L. Thompson** **04-26-03** **880-566-6723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)