2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am \$ Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000064994 **DOCUMENT #** 05-05-2003 90200 017 ***150.00 1. Entity Name OUTBACK HOLDINGS, INC. Principal Place of Business Mailing Address 2275A NORTH VOLUSIA 2275A NORTH VOLUSIA **ORANGE CITY FL 32763** ORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3663686 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BREWER, GERALD R Street Address (P.O. Box Number is Not Acceptable) 2624 HILLVIEW CIRCLE **DELTONA FL 32725** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change Addition BREWER, GERALD R NAME NAME 2624 HILLVIEW CIRCLE STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change Addition NORRIS, STEPHAN V NAME NAME STREET ADDRESS 2208 SAN FORTH AVENUE STREET ADDRESS CITY-ST-ZIP DELTONA FL 32738 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-7IP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

☐ Delete

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

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