

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90102 009 \*\*\*150.00

DOCUMENT # P01000009045

1. Entity Name

OUTSOURCING ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9838 Old Baymeadows Rd

3. Mailing Address

9838 Old Baymeadows Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 355

Suite 355

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32256

USA

32256

USA

4. FEI Number

59-3692501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name - Kimberly Walker

Street Address (P.O. Box Number is Not Acceptable)

3725 Pine Street

City Jacksonville

FL

Zip Code

32205

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

*Kimberly Walker, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

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

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/T/S/D  
Kimberly Walker  
9838 Old Baymeadows Rd., Ste 355  
Jacksonville, FL 32256

TITLE  
NAME  
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CITY - ST - ZIP

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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 on an attachment with an address, with an other, like, empowered.

SIGNATURE:

*Kimberly Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

904.472.8885

Daytime Phone #

CR2E034B (12/01)