

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-07-2002 90363 018 ***150.00

DOCUMENT # P01000019800

1. Entity Name

DISCOUNT VERTICAL OUTLET, INC.

Principal Place of Business

Mailing Address

435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114

435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

3 Market Place Ct.
 Suite, Apt. #, etc.

3 Market Place Ct.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Coast, Fla.

Palm Coast, Fla.

4. FEI Number

59-3700400

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN
 435 S. RIDGEWOOD AVE., #210
 DAYTONA BEACH FL 32114

Delete

Name

Roderick E Mackinnon, Jr.

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

3 Market Place Ct.

City

Palm Coast

FL

Zip Code

32137

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

[Signature]

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: OWNER, PRESIDENT
 NAME: Roderick E Mackinnon, Jr.
 STREET ADDRESS: 14 Zacharias Pl.
 CITY-ST-ZIP: Palm Coast, Fla. 32164

☐ Delete

TITLE: Wendy Mackinnon, V. Pres.
 NAME: 14 Zacharias Pl.
 STREET ADDRESS: 14 Zacharias Pl.
 CITY-ST-ZIP: Palm Coast, Fla. 32137

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)