FILED

2002	UNIFO	RM BUS	INESS REP	ORT (UI	BR)	Jul 28, 200	12 8:00 am
DOCUMENT # P01000049402						Secretary of State	
		OUTFITTERS,	INC.			07-28-2002 9017	74 009 ***150.00
					1		
Principal Place	of Business		Mailing Address				
16057 E TRAFA			16057 E TRAFALGAR DR				
LOXAHATCHEE FL 33470			LOXAHATCHEE FL 3347				
}] 	I BBIN BIRM IBNI BIRK BRIGG DAY ING.
2. Principal Pla			3. Mailing Address				
Suite, Apt. #, etc.			1605) F Trafalan No			r samsann tir akini tihit akili Edili Akili	i marija grinda intigit miloti norijo 1901 (00)
Suite, Apt. #	, etc.	0	Suite, Apt. #, etc.	in Par	~~~	DO NOT WRITE IN	THIS SPACE
City & State			City & State				· · · · · · · · · · · · · · · · · · ·
LOXALATCHER FLORIDA			LOXALATCHER FLOW de			4. FEJ Number	Applied For
Zip _ 334\ 0	Cou	,	Zip	Country		65-1120501	Not Applicable
	6. Name and Ad	Idress of Current R	33470	PALMRe	Asa	5. Certificate of Status Desired	Fee Required
			egistered Agent	Nome		7. Name and Address of New Registe	red Agent
CLOUGH, R	OBERT		Name				
16057 E TR	AFALGAR DR		Street Address (F			.O. Box Number is Not Acceptable)	
LOXAHATCH	IEE FL 33470			 			
				<u> </u>			
8 The above se	man and a sale			City			Zip Code
the obligation	rned entity submit s of registered aga	s this statement for to ent.	ne purpose of changing its	registered office of	r registered	d agent, or both, in the State of Florida.	am familiar with and passed
	- 0						with, and accept
SIGNATURE Sign	nature, typed or printed n	ame of registered agent and	title if applicable (NOTC				
		itisfy its Intangible		: Registered Agent signa		hen reinstating) DA	TE
rax filing requ	irement and elect	FILE NOW!! After September 12	FILE NOW!!! FEE IS \$550.00 fter September 13, 2002 Fee will be \$750.00		10. Election Campaign Financing	AT 00	
(See criteria o	n back)	TI I	Make Check Payab	le to Departmen	e \$750.00 t of State	Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.		OFFICERS AND DIF	RECTORS	12.			
TITLE P	OHIGH BORED	т	☐ Delete	TITLE	[ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11

NAME STREET ADDRESS 16057 E TRAFALGAR DR STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME -DICKINSON, DEBORAH Change Addition

Dickinson, Deborah NAME . . STREET ADDRESS 167 SUNSHINE BLVD 1605) E THAFALBAN ON STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH FL 33411 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE

NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE

2/20/2002 561-291-4548

Attachment++ <u>Ce757442</u> PO1000049402

	701000049402
•	2017 301 3005
·•——	to whomis was concerns:
•	- in
•	Fur and Feathers out Fitters Inc did not
	Receive The Prior notice OF The 2002 unitorn
•	Business Report For and Feathers out Fitters inc
<u>•</u>	Old Receive The 2002 unitorn Business Report
	60 day notice on or about July 15th 2008.
	Took to it is a supplemental to the supplement
	I Robert Clough President For And Feathers
	COTFITTERS INC WOULD Like TO Request That The
)	LATE Fee Be Warned.
	Respectfully
)	Par Che
	Robert Clough
-	Fur and Feathers outsitters-
)	- 2 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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