2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000050571

Entity Name: NEWMAN OUTFITTERS, INCORPORATED

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

28130 GATO RD. 30375 QUAIL ROOST TRAIL LITTLE TORCH KEY, FL 33042 BIG PINE KEY, FL 33042

Current Mailing Address: New Mailing Address:

28130 GATO RD. PO BOX 420100 LITTLE TORCH KEY, FL 33042 SUMMERLAND KEY, FL 33042

FEI Number: 65-1106374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWMAN, GEORGE D 28130 GATO RD. LITTLE TORCH KEY, FL 33042

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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 NEWMAN, BETTY L
 Name:
 NEWMAN, BETTY L

 Address:
 28130 GATO RD.
 Address:
 28130 GATO RD.

City-St-Zip: LITTLE TORCH KEY, FL 33042 City-St-Zip: LITTLE TORCH KEY, FL 33042

Title: D () Delete Title: V/T (X) Change () Addition

Name:NEWMAN, GEORGE DName:NEWMAN, GEORGE DAddress:28130 GATO RD.Address:28130 GATO RD.

City-St-Zip: LITTLE TORCH KEY, FL 33042 City-St-Zip: LITTLE TORCH KEY, FL 33042

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY LYNN NEWMAN P/S 04/30/2002