

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91701 008 ***158.75

DOCUMENT # P01000070996

1. Entity Name
OUTLANDISH GAMES, INC.

Principal Place of Business

**730 NELDA AVENUE
 PALM BAY FL 32907**

Mailing Address

**730 NELDA AVENUE
 PALM BAY FL 32907**

2. Principal Place of Business

772 WASHBURN RD

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

Melbourne FL

City & State

Zip
32934

Country

US

Zip

Country

4. FEI Number

59-3733528

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KIMBLE, MICHAEL
 730 NELDA AVENUE
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name

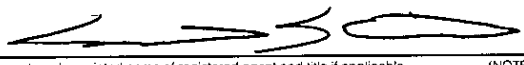
Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE  **MICHAEL KIMBLE, PRES** **7 MAY 02**
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	P <input type="checkbox"/> Delete
NAME	KIMBLE, MICHAEL
STREET ADDRESS	730 NELDA AVENUE
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	V <input type="checkbox"/> Delete
NAME	BROWN, RUSSELL
STREET ADDRESS	1484 PAUL STREET
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	S <input type="checkbox"/> Delete
NAME	TINSLEY, JIM
STREET ADDRESS	1430 CAPE SABLE DR
CITY-ST-ZIP	MELBOURNE FL 32904
TITLE	T <input type="checkbox"/> Delete
NAME	JOYCE, RONALD
STREET ADDRESS	730 NELDA AVENUE
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KIMBLE

7 MAY 02

Date

Daytime Phone #

CR2E034 (9/01)