2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000095401

Entity Name: NATIONAL OUTFITTERS, INC.

Current Principal Place of Business:

406 S.E. 10TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

406 S.E. 10TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENTES, STEVEN J
406 S.E. 10TH AVE
CAPE CORAL, FL 33990

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: BUZAKO, JOE
Address: 120 DOUBLE DR
City-St-Zip: NORTH FT MYERS, FL 33917

Title: DV ( ) Delete
Name: SENTES, STEVEN J
Address: 406 S.E. 10TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: DT ( ) Delete
Name: SENTES, CINDY
Address: 406 S.E. 10TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: DS ( ) Delete
Name: BUZAKO, STACY
Address: 120 DOUBLOON DR
City-St-Zip: NORTH FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BUZAKO, JOE
Address: 4337 AGUALINDA BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: SENTES, CINDY L
Address: 406 S.E. 10TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: DS (X) Change ( ) Addition
Name: BUZAKO, STACY
Address: 4337 AGUALINDA BLVD
City-St-Zip: CAPE CORAL, FL 33914

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: CINDY L SENTES DT 04/27/2002

Electronic Signature of Signing Officer or Director — Date