

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT #
1. Entity Name
PD1000095401
NATIONAL OUTFITTERS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16920 CAROLYN LANE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State N FORT MYERS, FL		City & State	
Zip 33917	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0521388		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVEN SENTES 16920 CAROLYN LANE N FORT MYERS FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000284980 04/02/05-80027-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CINDY SENTES 16920 CAROLYN LANE N FORT MYERS FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven J Sentes

STEVEN J SENTES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05

Date

2394955823

Daytime Phone #