

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90035 014 \*\*\*150.00

DOCUMENT # P01000.116812

1. Entity Name

OUTBACK T+T TRUCKING ✓

**DO NOT WRITE IN THIS SPACE**

B0018087

2. Principal Place of Business

TYLER TALMADGE

3. Mailing Address

P.M.B 35

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

1021 HOLLYGATE LN

Suite, Apt. #, etc.

P.O. BOX 413005

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

593570816

Applied For

☒ Not Applicable

Zip

34103

Country

COLLIER, USA

Zip

34101

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TYLER TALMADGE

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

1021 HOLLYGATE LN

City

NAPLES

FL

Zip Code

34103

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

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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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	VICE PRES
NAME	ANDREW WOOMER
STREET ADDRESS	5311 HEMINGWAY CIR #1009
CITY-STATE-ZIP	NAPLES FL 34116
TITLE	SEC-TRES.
NAME	JAMES THOMAS
STREET ADDRESS	260 SOUTH BAY DR #203
CITY-STATE-ZIP	NAPLES FL 34108
TITLE	PRES
NAME	TYLER TALMADGE
STREET ADDRESS	1021 HOLLYGATE LN
CITY-STATE-ZIP	NAPLES FL 34103
TITLE	
NAME	
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CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 609, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Woomer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)