

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90836 036 ***150.00

DOCUMENT # P01000121401

1. Entity Name
ROLAND OUTAR, INC.



Principal Place of Business
2516 TALL MAPLE LOOP
OCOE FL 34761

Mailing Address
2516 TALL MAPLE LOOP
OCOE FL 34761



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2516 Tall Maple Loop
Suite, Apt. #, etc.

3. Mailing Address
2516 Tall Maple Loop
Suite, Apt. #, etc.

City & State
Ocoee FL

City & State
Ocoee FL

4. FEI Number **43-1976273**

Applied For
Not Applicable

Zip **34761** **Country** **Orange**

Zip **34761** **Country** **Orange**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OUTAR, ROLAND
2516 TALL MAPLE LOOP
OCOE FL 34761

7. Name and Address of New Registered Agent

Name **ROLAND OUTAR**
Street Address (P.O. Box Number is Not Acceptable)
2516 Tall Maple Loop
City **Ocoee** **FL** **Zip Code** **34761**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OUTAR, ROLAND 2516 TALL MAPLE LOOP OCOE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/03 **407-656-9909**
Date Daytime Phone #

CR2E034 (10/02)