

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022354

1. Entity Name
OUTDOOR CAPITAL, INC.



FILED

03 FEB 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**416 SE BALBOA AVE.
STUART, FL 34994**

Mailing Address
**416 SE BALBOA AVE.
STUART, FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, KIRK
416 SE BALBOA AVE.
STUART, FL 34994**

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 resigning)

DATE

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 ☒ Delete
NAME **TURNER, KIRK**
STREET ADDRESS **984 NETTLES BLVD.**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☒ Change ☐ Addition
NAME **TIEDEMAN, TROY**
STREET ADDRESS **10600 S. OCEAN DR. #908**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☒ Delete
NAME **TIEDMAN, TROY**
STREET ADDRESS **242 OCEAN DR.**
CITY-ST-ZIP **JUPITER INLET COLONY, FL 33469**

TITLE ☒ Change ☐ Addition
NAME **TURNER, KIRK**
STREET ADDRESS **984 NETTLES BLVD**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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 Block 11 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

Date

Daytime Phone #

2-13-03

877 599-3535

CR2034 (10/02)

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