2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000067531 **DOCUMENT #**

1. Entity Name

CASUAL TONE OUTDOOR PRODUCTS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90598 044 ***150.00

1951- C PORT SARASOTA FL			1951-	Mailing Address 1951- C PORTER LAKE DR. SARASOTA FL 34240						
2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address						
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City	City & State			4. 1	FEI Number 43 - 196 4760 Applied Not Ap	For plicable	
Zip		Country	Zip		Countr	ry	5. (Certificate of Status Desired \$8.75 Addition Fee Required	$\overline{}$	
6. Name and Address of Current F				legistered Agent			7. Name and Address of New Registered Agent			
							me			
LUBKEY, CRAIG				Stre			t Address (P.O. Box Number is Not Acceptable)			
2025 - D PORTER LAKE DR.							<u> </u>			
SARASOT	A FL 34240									
·							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 and	olicable. (NOTE	: Registered	Agent signatu	ire required when re	einstating) DATE		
							-		-	
		! FEE IS \$150.00 I3 Fee will be \$550.00						9. Election Campaign Financing\$5.00 M		
Make Check	Payable to	Florida Department o	of State					Trust Fund Contribution.	ees	
Make Check	Payable to	Florida Department of OFFICERS AND		RS	11.		AD	Trust Fund Contribution. Added to F		
	P	OFFICERS AND		RS Delete	11.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
10. TITLE NAME	P LUBKEY, (OFFICERS AND		 ,	TITLE NAME	-	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
10. TITLE NAME STREET ADDRESS	P LUBKEY, (2025 - D F	OFFICERS AND CRAIG PORTER LAKE DR.		 ,	TITLE NAME STREE	T ADDRESS	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
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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:

NEED NAME OF SIGNING OFFICER OR DIRECTOR