CR2E034 (10/02)

## **2003 FOR PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR)						Apr 24, 2003 8:00 am Secretary of State			
DOCUMENT # P93000071267  1. Entity Name ROCKY MOUNTAIN OUTFITTERS, INC.							tary of 03 90210 039 *		
Principal Place of Business 3823 BLANDING BLVD.  JACKSONVILLE FL 32210  Mailing Address 3823 BLANDING BLVD.  JACKSONVILLE FL 32210  JACKSONVILLE FL 32210							iii		
2. Principal P	Place of Business ·	3. Ma	ailing Address	···					
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	е	Cit	City & State			4. FEI Number 59-3208	270	<u> </u>	plied For t Applicable
Zip	Countr	y Zip	,	Country	-	5. Certificate of Status Desire		3.75 Add	litional
	6. Name and Add	ress of Current Register	ed Agent			7. Name and Address of Ne			<u> </u>
MANASSA, PHIL 3823 BLANDING BLVD.				Street A	Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	NVILLE FL 32210							7:- 0-1	
	<u> </u>			City			_ FL	Zip Code	9
the obligat	ions of registered ager		pose of changing its	registered office or	registered	d agent, or both, in the State o	f Florida. Tam fam	iliar with, a	and accept
SIGNATURE .	Signature, typed or printed na	ne of registered agent and title if ap	plicable. (NOTE	: Registered Agent signatu	w beriuper en	hen 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 Trust Fund Contrib			0 May Be to Fees
10.		OFFICERS AND DIRECTO	.L DRS	11.		ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTORS	S IN 11
TITLE NAME	D MANASSA, PHIL		☐ Delete	TITLE NAME				] Change	☐ Addition
STREET ADDRESS :	3823 BLANDING E JACKSONVILLE F			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS (CITY-ST-ZIP)			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	Addition
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TITLE	L		☐ Delete	TITLE				) Change	Addition

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 roce ver 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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 904-772-6690 Date Daytime Phone #