

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019132

1. Entity Name
OUTDOOR PROMOTIONAL CONCEPTS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90328 045 ***150.00

Principal Place of Business

**100 EAST GRANADA BLVD
ORMOND BEACH FL 32176**

Mailing Address

~~P O BOX 265174
DAYTONA BEACH FL 32126-5174
US~~ *same*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3305056**

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

**VAUGHAN, KATHRYN ESQ
REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.
110 EAST GRANADA BLVD STE 104
ORMOND BEACH FL 32176**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WALKER, ED**
STREET ADDRESS **2 PINE TREE CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **JO V P** ☐ Delete
NAME **COLTELLI, LARRY**
STREET ADDRESS **10 TALAQUAN BLVD**
CITY-ST-ZIP **ORMOND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D S** ☐ Delete
NAME **SCHLOSSBERG, STEVE**
STREET ADDRESS **1601 N HALIFAX AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **KANDEL, MARTIN M**
STREET ADDRESS **21 RIVER RIDGE TRAIL**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

2-3-01

904 257-2026

CR2E034 (10/00)