

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91589 006 ***150.00

DOCUMENT # P95000019132

1. Entity Name

OUTDOOR PROMOTIONAL CONCEPTS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3305056

Applied For

Not Applicable

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, 2002 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 **SD** ☐ 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** ☐ 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)