

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90945 027 ***150.00

DOCUMENT # P95000019132

1. Entity Name

Outdoor Promotional Concepts, Inc. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 E. Granada Blvd.

3. Mailing Address

100 E. Granada Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

59-3305056

Applied For

Not Applicable

Zip

32176

Country

USA

Zip

32176

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vaughn, Kathryn Esq

Street Address (P.O. Box Number is Not Acceptable)

110 East Granada Blvd., Ste 104

Reinman, Matheson, Kostro, & VAUGHN

City

Ormond Beach

FL

Zip Code

32176

**DO NOT WRITE
IN THIS SPACE**

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

Vaughn, Kathryn, Esq.

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

not required

DATE

4/3/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Walker, Ed
STREET ADDRESS	16 Sycamore Circle
CITY - ST - ZIP	Ormond Beach, FL 32174
TITLE	SD
NAME	Coltelli, Larry
STREET ADDRESS	347 N. Beach Street
CITY - ST - ZIP	Ormond Beach, FL 32174
TITLE	D
NAME	Schlossberg, Steve
STREET ADDRESS	1601 N. Halifax Ave.
CITY - ST - ZIP	Daytona Beach, FL 32118
TITLE	TD
NAME	Kandel, Martin M
STREET ADDRESS	21 River Ridge Trail
CITY - ST - ZIP	Ormond Beach, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03
Date

386-257-2026
Daytime Phone #

CR2E034B (12/02)