2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055603

1. Entity Name

PALM COAST OUTDOOR, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

						•	02-	-03-2000 90019	003	30.00	
Principal Plac	e of Business	;	Mailing Address								
C/O LOWE ENTERPRISES. INC. P. O. BOX 354489 PALM COAST FL 32135-4489 US		C/O LOWE ENTERPRISES. INC. 11777 SAN VINCENT BLVD STE 900 LA CA 90049-5084 US									
2. Principal Place of Business		17	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SPA	CE	
City & State		· · ·	City & State			4.	. FEI Number	59-3389554	Applied For Not Applie		
Zip Country		ry.	Zip Country		5.	. Certificate o	f Status Desired		.75 Add		
	6. Name and Add	ress of Current R	egistered Agent			7.	Name and A	ddress of New Reg	istered Age	ent	
-					Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)						
IALL	AHASSEE FL 3230	n,									
		1			City				FL	Zip Code	,
		<u> </u>									
8. The above	named entity submits	s this statement for	the purpose of changing its	s register	ed office or	registered a	agent, or both	, in the State of Floric	la.		
SIGNATURE _	Signature, typed or printed no	ame of registered agent an	d title if applicable. (NO)	TE Registere	ed Agent signatu	ure required when	n reinstating)		DATE		
-					10.04.50.4						
Tax filing re	ration is eligible to sa equirement and electric ia on back)	s to do so.	FILE NOW After MAY 1, 20 Make Check Paya	000 Fee	will be \$5	50.00		tion Campaign Finan t Fund Contribution.	cing		May Be to Fees
11.	1 7 th 16 1 2/4		IRECTORS	12.			ADDITIONS/C	HANGES TO OFFICE	RS AND DI	RECTORS	IN 11
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NAME	PLATT, JOHN B	15 - 7,44.	<i>5000</i>	NAM					-		_
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indicated	on this report or supp	lion supplied with to demental report is t	his filing does not qualify for rue and accurate and that	my signa my signa	ture shall ha	ave the sam	e legal effect	s if made under oat	h; that I am :	an officer (or director

of the corporation or the receiver of 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.

GNATURE:

| Comparison of the receiver of 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.

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