

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069154

1. Entity Name

OUT-HOUSE DESIGN, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90239 004 ***150.00

Principal Place of Business

4111 LAGUNA STREET
CORAL GABLES FL 33146
US

Mailing Address

4111 LAGUNA STREET
CORAL GABLES FL 33146
US

2. Principal Place of Business

4090 Laguna Street

3. Mailing Address

4090 Laguna Street

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33146

Country

DADE

Zip

33146

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKET, TIMOTHY K
19 W FLAGLER ST STE 1212
MIAMI FL 33130

Same

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 PD ☐ Delete
NAME TOMBLEY, JOHN C
STREET ADDRESS 4111 LAGUNA STREET
CITY-ST-ZIP CORAL GABLES FL 33146

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
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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 #

JOHN C. Tombley 4-23-01 305.567-0737

CR2E034 (10/00)