

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90049 005 \*\*\*150.00

**80049746**

DOCUMENT # P98000069741  
 1. Entity Name  
**OUTBACK DESIGNS, INC.**

Principal Place of Business                      Mailing Address  
 4651 120TH AVE. SOUTH                      4651 120TH AVE SOUTH  
 LAKE WORTH, FL. 33467                      LAKE WORTH, FL. 33467

2. Principal Place of Business                      3. Mailing Address  
**3321 HANOVER CIRCLE**                      **3321 HANOVER CIRCLE**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                      City & State  
**LOXAHATCHEE, FL. 33470**                      **LOXAHATCHEE, FL.**  
 Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
**65-0854286**                       Not Applicable  
 5. Certificate of Status Desired                       **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KELLY M. KEHLE**  
**4651 120TH AVE. SOUTH**  
**LAKE WORTH, FL. 33467**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3321 HANOVER CIRCLE**  
 City                      **FL**                      Zip Code  
**LOXAHATCHEE**                      **33470**

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 *Kelly M. Kehle, President*                      DATE 3-27-00  
Signature typed or printed name of registered agent and title if applicable                      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)                      **After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>PRESIDENT</b> <b>KELLY M. KEHLE</b> <b>4651 120TH AVE. SOUTH</b> <b>LAKE WORTH, FL. 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>3321 HANOVER CIRCLE</b> <b>LOXAHATCHEE, FL. 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Kelly M. Kehle*                      Kelly M. Kehle                      3-27-00                      361.379.9128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)