

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 98006077514

1. Entity Name
GPS OUTFITTERS INC

Principal Place of Business
106 HOLIDAY BLVD
KEY LARGO FL 33037

Mailing Address
PO BOX 667
TAVERNIER FL 33070

2. Principal Place of Business
106 HOLIDAY BLVD KEY LARGO
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 667 TAVERNIER
Suite, Apt. #, etc.

City & State
KEY LARGO FL

City & State
TAVERNIER FL

Zip
33037

Country
USA

Zip
33070

Country
USA

4. FEI Number
65-0874751

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DANIEL KEIL
4028 SW 57 AVE
MIAMI FL 330

7. Name and Address of New Registered Agent
Name
LARRY RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
106 HOLIDAY BLVD
City KEY LARGO **FL** **Zip Code** 33037

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 L.A. RODRIGUEZ **DATE** 5-2-00

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
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 <u>PRES</u>	<input type="checkbox"/> Delete
NAME <u>LARRY A. RODRIGUEZ</u>	
STREET ADDRESS <u>822 BONITO LN</u>	
CITY-ST-ZIP <u>KEY LARGO FL 33037</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: L.A. RODRIGUEZ **DATE** 5-02-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)