

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000089764**

1. Entity Name

ENTERTAINMENT OUTFITTERS, INC.**FILED****Jan 14, 2000 8:00 am**
Secretary of State

01-14-2000 90056 037 ***150.00

Principal Place of Business

Mailing Address

**156 SEMINOLE DR
DE BARY FL 32713****156 SEMINOLE DR
DE BARY FL 32713-4433****00003264**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3544536**Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARNES, ROBERT M
4361 STEED TERRACE
WINTER PARK FL 32792**

Name

Tracey Donkin

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

156 Seminole Drive

City

DeBary**FL**

Zip Code

32713

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

Tracey H Donkin
Signature, typed or printed name of registered agent and title if applicable.**Tracey H Donkin Secretary**
(NOTE: Registered Agent signature required when reinstating)**1/7/00**
DATE9. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **CARNES, ROERT M**
STREET ADDRESS **4361 STEED TERRACE**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **DONKIN, ANDREW C**
STREET ADDRESS **156 SEMINOLE DR**
CITY-ST-ZIP **DE BARY FL 32713**TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **DONKIN, TRACEY H**
STREET ADDRESS **156 SEMINOLE DR**
CITY-ST-ZIP **DE BARY FL 32713**TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracey H Donkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/7/00**
Date**407/668-5966**
Daytime Phone #