

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90129 044 ***550.00

DOCUMENT # P99000100384

1. Entity Name

L&M OUTDOOR ENTERPRISES, INC.

Principal Place of Business

**483 PORT LEON DR
 ST. MARKS FL 32355**

Mailing Address

**483 PORT LEON DR
 ST. MARKS FL 32355**

2. Principal Place of Business

3. Mailing Address

P.O. Box 670

Suite, Apt. #, etc.

483 Port Leon Dr.

City & State

ST. MARKS, FL

Zip

Country

32355

Country

4. FEI Number

59-3607137

Applied For

Not Applicable

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

**MCKAYE, RONALD F
 483 PORT LEON DR.
 ST. MARKS FL 32355**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	D	<input type="checkbox"/> Delete
NAME	MCKAYE, RONALD F	
STREET ADDRESS	PO BOX 670	
CITY-ST-ZIP	ST. MARKS FL 32355	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKAYE, SUSAN L	
STREET ADDRESS	PO BOX 670	
CITY-ST-ZIP	ST MARKS FL 32355	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02

Date

850-925-1100

Daytime Phone #

CR2E034 (4/02)