

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S41069

1. Entity Name

Outbound - M.I.S., Inc. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

927 Fern Street

927 Fern St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs

Altamonte Springs

Zip

Country

Zip

Country

32701

USA

32701

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3058014

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

Delzingaro, Celeste M.
927 Fern St #250
Altamonte Springs, FL 32701

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, 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
NAME Delzingaro Celeste
STREET ADDRESS 508 Edsworth St
CITY-ST-ZIP Altamonte Springs FL 32701

☐ Delete

TITLE Pres
NAME Polk Thomas
STREET ADDRESS 21250 Wolfbranch Rd
CITY-ST-ZIP Mt Dora FL 32757

☐ Delete

TITLE
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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:

Celeste M. Delzingaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

407-830-7773

Daytime Phone #

CR2E034 (9/99)