

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90094 039 \*\*\*150.00

DOCUMENT # 541009 ✓

1. Entity Name

Outbound-m.i.s., Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

927 Fern Street

3. Mailing Address

927 Fern Street

Suite, Apt. #, etc.

#2500

Suite, Apt. #, etc.

#2500

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

Zip

32701

Country

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**

7. Name and Address of Current Registered Agent

Name

Celeste M. Delzingaro

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

874 Grand Sajan Loop

City

Apopka FL

FL

Zip Code

32712

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$550.00**

**Amended UBR is \$61.25**

**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>President</u>
NAME	<u>Polk, Thomas V.</u>
STREET ADDRESS	<u>21250 Wolfbranch Road</u>
CITY - ST - ZIP	<u>Mt. Dora, FL 32757</u>
TITLE	<u>Vice President</u>
NAME	<u>Delzingaro, Celeste M.</u>
STREET ADDRESS	<u>874 Grand Sajan Loop</u>
CITY - ST - ZIP	<u>Apopka FL 32712</u>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Celeste Delzingaro

4/24/02 407-830-6060

CR2E034B (12/01)