FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90336 010 ***150.00

DOCUMENT # S14069

1. Entity Name
Outbound-M.I.S., Inc.

DO NOT WRITE IN THIS SPACE

90097241

2. Principal Place of Business	3. Mailing Address
927 Fern Street	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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Celeste Delzingaro
Street Address (P.O. Box Number is Not Acceptable): 874 Grand Sayan Loop
City: Apopka FL Zip Code: 32712

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Thomas Polk	NAME	
STREET ADDRESS	21250 Wolfbranch Rd	STREET ADDRESS	
CITY-ST-ZIP	Mt Dora FL 32750	CITY-ST-ZIP	
TITLE	V. President	TITLE	
NAME	Celeste Delzingaro	NAME	
STREET ADDRESS	874 Grand Sayan Loop	STREET ADDRESS	
CITY-ST-ZIP	Apopka FL 32712	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Celeste Delzingaro 4/16/03 4078148133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #