2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # \$93285** OUTDOOR BILLIARDS, INC. 02-08-2001 90050 038 ***150.00 Principal Place of Business Mailing Address 24536 OVERSEAS HWY P.O. BOX 420488 SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042-0488 00015513 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0300265 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMOUR, ALAN I., II Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. **SUITE 1200** W. PALM BEACH FL 33401 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution., Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPT** ☐ Addition TITLE Delete TITLE Change NAME SHATT, J. MURRAY NAME 24520 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS 5953 PENINSULA AVENUE CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY, FL 33042 KEY WEST FL 33040 TITLE ☐ Delete TITLE NAME SHATT, MARY H NAME 24520 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS 5950 PENINSULA AVENUE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 UMMERLAND KEY FL 33042 ☐ Delete TITLE THILE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR