

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03000

1. Entity Name  
OUTRAGEOUS OCCASIONS AND MORE, INC.

Principal Place of Business

4611 S UNIVERSITY DR  
SUITE 133  
DAVIE FL 33328

Mailing Address

4611 S UNIVERSITY DR  
SUITE 133  
DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCKISSICK, JUDY  
4611 S UNIVERSITY DR  
SUITE 133  
DAVIE FL 33328

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, 2002 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

TITLE DPT  
NAME MCKISSICK, JUDY  
STREET ADDRESS 4611 S UNIVERSITY DR  
CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE DVS  
NAME MCKISSICK, THEODORE  
STREET ADDRESS 4611 S UNIVERSITY DR  
CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Theodore McKissick THEODORE MCKISSICK V.P. 4/30/02 954 431 5721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 24, 2002 8:00 am  
Secretary of State

05-24-2002 90558 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0244935

Applied For

Not Applicable

Department of Status Desired ☐  
FOR DEPOSIT ONLY  
ACCT.# 1009068796  
\$8.75 Additional Fee Required

CR2E034 (9/01)