

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90110 022 ***150.00

DOCUMENT # P99000091305

1. Entity Name
H2O OUTFITTERS, INC.

Principal Place of Business 798 CRYSTAL LAKE CIRCLE FT MYERS FL 33919	Mailing Address (798 CRYSTAL LAKE CIRCLE) FT MYERS FL 33919
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798 CYPRESS LAKE CIRCLE ←



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5400 PLANTATION ROAD	3. Mailing Address 798 CYPRESS LAKE CIRCLE
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Suite, Apt. #, etc. HARBORSIDE VILLAGE	Suite, Apt. #, etc.
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City & State CAPTIVA ISLAND, FL	City & State FORT MYERS, FL
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4. FEI Number 65-0957060	Applied For <input type="checkbox"/> Not Applicable
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Zip 33924	Country LEE	Zip 33919	Country LEE
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BAUGHER, BRIAN J
798 CRYSTAL LAKE CIRCLE
FT MYERS FL 33919

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BAUGHER, BRIAN J 798 CRYSTAL LAKE CIRCLE FT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAUGHER, BRIAN J 798 CRYSTAL LAKE CIRCLE FT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES./TREAS BAUGHER, BRIAN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 798 CYPRESS LAKE CIRCLE FTMYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE P/SECRETARY ANNE C. BAUGHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 798 CYPRESS LAKE CIRCLE FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian J. Baugher **BRIAN J. BAUGHER** 2/4/01 941-481-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)