

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53483

1. Entity Name

INVESTMENTS UNLIMITED HOLDING CORPORATION

Principal Place of Business

2862 SHADOW WOOD CT.  
KISSIMMEE FL 34746

Mailing Address

2862 SHADOW WOOD CT.  
KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

3501 W VINE ST

Suite, Apt. #, etc.

Suite 515

City & State

KISSIMMEE FL

Zip

34741

Country

USA

6. Name and Address of Current Registered Agent

SUMMERTON, ALAN  
2862 SHADOW WOOD CT.  
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name ALAN SUMMERTON

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

3501 W VINE ST Suite 515

City

KISSIMMEE

FL

Zip Code

34741

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.

ALAN SUMMERTON

(NOTE: Registered Agent signature required when reinstating)

04/23/01

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, 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 PTD  
NAME SUMMERTON, ALAN  
STREET ADDRESS 2862 SHADOW WOOD CT.  
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE PD  
NAME SUMMERTON, JANET  
STREET ADDRESS 2862 SHADOW WOOD CT.  
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE S  
NAME JULIE LEVINGWOOD  
STREET ADDRESS 2903 PRINCE OAK CT  
CITY-ST-ZIP ST. CLOUD 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME SUMMERTON ALAN  
STREET ADDRESS 3501 W VINE ST Suite 515  
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ Change ☐ Addition

TITLE VP  
NAME SUMMERTON JANET  
STREET ADDRESS 3501 W VINE ST Suite 515  
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ Change ☐ Addition

TITLE S  
NAME SUMMERTON JULIE  
STREET ADDRESS 5851 LEON TYSON RD  
CITY-ST-ZIP ST CLOUD FL 34771 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN SUMMERTON

PRESIDENT

Date

407 569 2326

Daytime Phone #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90054 028 \*\*\*150.00

000004



DO NOT WRITE IN THIS SPACE

0432671

CR2E034 (10/00)