

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05515

1. Entity Name

UNLIMITED FILL, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90043 038 ***150.00

Principal Place of Business

% SCOTT A. CROFUT
11930 RIVER ROAD
MYAKKA CITY FL 34251

Mailing Address

% SCOTT A. CROFUT
11930 RIVER ROAD
MYAKKA CITY FL 34251

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1537

Suite, Apt. #, etc.

City & State

City & State

TALLEYVAST, FL

Zip

Country

Zip

34270

Country

MANATEE

4. FEI Number 65-0019039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROFUT, SCOTT A.
11930 RIVER ROAD
MYAKKA CITY FL 34251

7. Name and Address of New Registered Agent

Name

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

City

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 if not applicable.

(NOTE: Registered Agent signature required when re-registering)

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 DPT ☐ Delete
NAME CROFUT, SCOTT A.
STREET ADDRESS 11930 RIVER ROAD
CITY-ST-ZIP MYAKKA CITY FL

TITLE DVPS ☐ Delete
NAME CROFUT, RASHELLE R.
STREET ADDRESS 11930 RIVER ROAD
CITY-ST-ZIP MYAKKA CITY FL

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

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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

4/25/01

Date

(941) 756-7721

Daytime Phone #

CR2E034 (10/00)