

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49484

1. Entity Name

UNLIMITED HELP, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90269 015 ***150.00

Principal Place of Business

Mailing Address

% DIANE R. VERDI
5888 TRIPHAMMER ROAD
LAKE WORTH FL 33463

% DIANE R. VERDI
5888 TRIPHAMMER ROAD
LAKE WORTH FL 33463-1530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1872 N Federal Hwy
Suite, Apt. #, etc.

1872 N Federal Hwy
Suite, Apt. #, etc.

City & State

City & State

Boynton Beach FL
Zip

Boynton Beach FL
Zip

4. FEI Number 65-0125114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERDI, DIANE R.
5888 TRIPHAMMER ROAD
LAKE WORTH FL 33463

Name: Diane Verdi
Street Address (P.O. Box Number is Not Acceptable)
1872 N Federal Hwy
City: Boynton Beach FL Zip Code: 33435

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: *Diane Verdi*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: VERDI, DIANE R.
STREET ADDRESS: 5888 TRIPHAMMER RD
CITY-ST-ZIP: LAKE WORTH FL ☒ Delete

TITLE: PD
NAME: Diane Verdi R
STREET ADDRESS: 1872 N Federal Hwy
CITY-ST-ZIP: Boynton Beach FL 33435 ☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
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CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ 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:

Diane Verdi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/00 (561) 641-1042

CR2E034 (9/99)