

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K97099

Entity Name

UNLIMITED, INC.

FILED
May 10, 2000 8:00 ar
Secretary of State

05-10-2000 90174 012 ***150.00

Principal Place of Business Mailing Address
 M. HILSON P.O. BOX 1509
 CITRUS AVE CRYSTAL RIVER FL 34423-1509
 RIVER FL 34428 US

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc.

City & State City & State

Country Zip Country

4. FEI Number 59-2957608
 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILSON, RAY M.
 626 N. CITRUS AVE
 CRYSTAL RIVER FL 32629

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Corporation is eligible to satisfy its Intangible
 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ZIP	<input type="checkbox"/> Delete D HILSON, RAY M 626 N. CITRUS AVE. CRYSTAL RIVER FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 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
 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray M. Hilson Ray M. Hilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00
 Date

295-5233
 Daytime Phone #

CR2E034 (9/99)