

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91160 043 ***150.00

DOCUMENT # K97099

1. Entity Name
AWARDS UNLIMITED, INC.



Principal Place of Business
% RAY M. HILSON
626 N. CITRUS AVE
CRYSTAL RIVER FL 34428

Mailing Address
P.O. BOX 1509
CRYSTAL RIVER FL 34423-1509
US

2. Principal Place of Business

7449 W. GULF TO LAKE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CRYSTAL RIVER, FL

City & State

Zip
34429

Country
USA

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

7. Name and Address of New Registered Agent

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

Name

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

7449 W. GULF TO LAKE HWY

City
CRYSTAL RIVER

FL

Zip Code

34429

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Delete
D
HILSON, RAY M
STREET ADDRESS
626 N. CITRUS AVE.
CITY-ST-ZIP
CRYSTAL RIVER FL 34428

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
7449 W. GULF TO LAKE HWY
CITY-ST-ZIP
CRYSTAL RIVER, FL. 34429

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

795-5233

Date

Daytime Phone #

CR2E034 (10/02)