

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L31606

1. Entity Name

OPPORTUNITY UNLIMITED SERVICES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90040 018 ***158.75

Principal Place of Business

Mailing Address

1406 JEN-MA-JO LANE
LUTZ FL 33549
US

P.O. BOX 173
LUTZ FL 33548-0173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2977186

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ ~~Not Applicable~~

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO-KANE, JOYCE A.
1406 JEN-MA-JO LANE
P.O. BOX 173
LUTZ FL 33549

Name *Stephen P Kane*

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

1406 Jen-Ma-Jo Lane

City *Lutz, Fl.*

FL

Zip Code *33549*

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 *Stephen P. Kane* *Stephen P. Kane*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-2000

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 KANE, STEPHEN P
STREET ADDRESS 1406 JEN-MA-JO LANE
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE *P/D IT IS*
NAME *Kane Stephen P*
STREET ADDRESS *1406 Jen-Ma-Jo Lane*
CITY-ST-ZIP *Lutz, FL. 33549* ☒ Change ☐ Addition

TITLE VD
NAME FRANCO-KANE, JOYCE A.
STREET ADDRESS 1406 JEN-MA-JO LANE
CITY-ST-ZIP LUTZ FL ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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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: *Stephen P. Kane* *Stephen P. Kane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000

Date

(813)948-3215

Daytime Phone #

CR2E034 (9/99)