

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90140 043 ***150.00

DOCUMENT # M64445

1. Entity Name
VERTICALS UNLIMITED, INC.



Principal Place of Business
~~8006 MAGGIE BLVD.~~ **5345 L.B. McLeod Rd**
ORLANDO FL 32811

Mailing Address
~~3906 MAGGIE BLVD.~~ **5345 L.B. McLeod Rd**
ORLANDO FL 32811



2. Principal Place of Business
Verticals Unlimited Inc

Suite, Apt. #, etc.
5345 L.B. McLeod Rd

3. Mailing Address
Suite, Apt. #, etc.
5345 L.B. McLeod Rd

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando, FL

4. FEI Number **59-2878990** Applied For ☐ Not Applicable ☐

Zip **32811** Country **USA** Zip **32811** Country **USA**

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

BARNES, LAURENCE J.
~~8006 MAGGIE BLVD.~~ **5345 L.B. McLeod Rd**
ORLANDO FL 32811

Name

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

City **FL** 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. 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

<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME PD BARNES, LAURENCE J.</p> <p>STREET ADDRESS 8006 MAGGIE BOULEVARD 5345 L.B. McLeod Rd</p> <p>CITY-ST-ZIP ORLANDO FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME STD BARNES, CAROL LYNN</p> <p>STREET ADDRESS 3906 MAGGIE BOULEVARD 5345 L.B. McLeod Rd</p> <p>CITY-ST-ZIP ORLANDO FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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CR2E034 (10/02)

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: *Laurence J. Barnes* **LARRY BARNES** **1-6-03 407-295-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #