

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 042 ****70.00

DOCUMENT # N06000007498 1. Entity Name UNLIMITED SOLUTIONS ASSISTIVE TECHNOLOGY SPECIALISTS, INC.																													
Principal Place of Business 250 STERLING HILL DRIVE JACKSONVILLE, FL 32225				Mailing Address 250 STERLING HILL DRIVE JACKSONVILLE, FL 32225																									
2. Principal Place of Business - No P.O. Box # 8570 PHILLIPS HWY.		3. Mailing Address 13170-58 ATLANTIC BLVD.																											
Suite, Apt. #, etc. SUITE #115		Suite, Apt. #, etc. #126		04292007 Chg-NP CR2E037 (12/06)																									
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 20-5235194																									
Zip 32256		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent OLIVER, URSULA E 250 STERLING HILL DRIVE JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 <u><i>Ursula Oliver</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>4/28/2007</u> <small>DATE</small>																									
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>URSULA OLIVER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>250 STERLING HILL DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32225</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> </div> </div>						TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete	NAME	URSULA OLIVER		STREET ADDRESS	250 STERLING HILL DRIVE		CITY-ST-ZIP	JACKSONVILLE, FL 32225		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <u><i>Kelli Bloom</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4-29-07 (904) 710-6734</u> <small>Date Daytime Phone #</small>																									