

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90432 017 *****70.00

DOCUMENT # N94000002453

1. Entity Name

THE UNLIMITED PATH, INC.

Principal Place of Business

1520 JENKS AVE
STE D
PANAMA CITY FL 32405

Mailing Address

PO BOX 206
PANAMA CITY FL 32401
US

2. Principal Place of Business

24 W 8th Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, Fl

City & State

Panama City, Fl

4. FEI Number

59-3248418

Applied For

Not Applicable

Zip

32401

Country

US

Zip

32401

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH, BERTRAND
457 S MCARTHUR AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name Randolph, Bertrand

Street Address (P.O. Box Number is Not Acceptable)
1526 Sunset Ave

City Panama City Beach FL Zip Code 32408

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/3/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOBLEY, TOMMY	
STREET ADDRESS	3913 PISA DR K-6	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RANDOLPH, BERTRAND	
STREET ADDRESS	PO BOX 206	
CITY-ST-ZIP	PANAMA CITY FL 32401 2	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAUGHAN, DOROTHY	
STREET ADDRESS	4120 VOYLES ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RANDOLPH, SHEILA	
STREET ADDRESS	PO BOX 206	
CITY-ST-ZIP	PANAMA CITY FL 32401 2	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNT-KEITH, GLORIA J	
STREET ADDRESS	1103 E 11 STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, ROSE	
STREET ADDRESS	308 W 26 STREET	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey, Aimee	
STREET ADDRESS	P.O. Box 40	
CITY-ST-ZIP	Clarksville, FL 32430	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carson, Dave	
STREET ADDRESS	3931 W 22nd St Unit C	
CITY-ST-ZIP	Panama City, FL 32405	

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

850-522-1533

Daytime Phone #

CR2E037 (10/00)