

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/4/C

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90110 019 \*\*\*150.00

**DOCUMENT # P00000005442**

1. Entity Name

**SUPPLIES UNLIMITED ENTERPRISES INC.**

Principal Place of Business

3612 COVINGTON DR.  
HOLIDAY FL 34691

Mailing Address

3612 COVINGTON DR.  
HOLIDAY FL 34691

2. Principal Place of Business

41264 US HWY 19 N

Suite, Apt. #, etc.

3. Mailing Address

41264 - US HWY 19 N

Suite, Apt. #, etc.

City &amp; State

TARPON SPRINGS, FL

City &amp; State

TARPON SPRINGS, FL

Zip

34689

Country

USA

Zip

34689

Country

US

4. FEI Number

59-360-7960

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

COOMAR, SURESH P  
3612 COVINGTON DR.  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Suresh P. Coomar*

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

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, 2001 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

TITLE	Pres. SURESH PETER	<input type="checkbox"/> Delete
NAME	COOMAR	
STREET ADDRESS	41264 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Suresh P. Coomar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(727) 938-5561

Daytime Phone #

CR2E034 (10/00)