page 10/2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name DO NOT WRITE IN THIS SPACE SUIT SPACE SUIT SPACE SUIT SPACE SUIT S			ILOU ILLI OILI (''			
INLIMITED SOURCES, INC	DOCUMENT # P00000112652					TELLED 3: 19	
INLIMITED SOURCES, INC	1. Entity Name					CEP 24 PM 3. 13	
INLIMITED SOURCES, INC						03 SLI = CTATE	
2. Principal Place of Business 2. Principal Place of Business 3. Malling Address Sulfe, Apt #, etc. 3. Malling Address Sulfe, Apt #, etc. 5. Sulfe, Apt #, etc. City & State CCIty & State CCIty & State COCA RATON, FI BOCA RATON,						A OIGH ARY OF STORING	
2. Principal Place of Business 2. Principal Place of Business 3. Malling Address Sulfe, Apt #, etc. 3. Malling Address Sulfe, Apt #, etc. 5. Sulfe, Apt #, etc. City & State CCIty & State CCIty & State COCA RATON, FI BOCA RATON,	JNLIMITED SOURCES, INC.					SEUNLISSEE, PLUMING	
2. Principal Place of Business 2. Principal Place of Business 3. Malling Address Sulfe, Apt #, etc. 3. Malling Address Sulfe, Apt #, etc. 5. Sulfe, Apt #, etc. City & State CCIty & State CCIty & State COCA RATON, FI BOCA RATON,	DO NOT WRITE IN THE OR LOS					TALLFAIR	
2. Principal Place of Business 13. Mailing Address 1965 PRESERVATION LANE 1965 PRESERVATION LANE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State DO NOT WRITE BOOM TO NOT WRITE IN THIS SPACE DO NOT WRITE BOOM THIS SPACE To Not Applied For 65-106982 To	ע טע	ioi wkii	E IN I HIS S	PA	CE		
1865 PRESERVATION LANE 1865 PRESERVATION LANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE							
Suite, Apt. #, etc. City & State City & State COA RATON, FI BOCA RATON, FL BOCA RATON, FL BOCA RATON, FL BOCA RATON, FL COUNTY Jip J3498 Country J4498 Country DEERT MARC SCHWARTZ, P.A. Street Address of Current Registered Agent Name Country DEERT MARC SCHWARTZ, P.A. Street Address (P.O. Box Number is Not Acceptable) LOW NORTH SWINTON AVE City DEERAY BEACH City DEERAY BEACH DOWN NUMBER IS STREET ADDRESS CITY-ST-ZIP DOCA RATON, FL 33498 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-EL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STR						[0/83/0301600050	&&TOO'AA
City & State OCA RATON, FI BOCA RATON, FL BOCA RATON, FL BOCA RATON, FL Country 3499 Country 3499 Country 3499 Country 3498 Country 3498 Country 3498 Country 3498 To Name and Address of Current Registered Agent Name ROBERT MARC SCHWARTZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 102 NORTH SWINTON AVE City DELRAY BEACH City ABEACH City ABEACH City ABEACH City ABEACH City ABEACH City City FL City Code 33444-2634 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. Lyped or printed name of registered agent and title if applicable. INTILE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE NAME TITLE DO CHAIT, DARRIN STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME							
COARTON, FI	Suite, Apt. #, etc.	Suite, Apt. #, etc.	e, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
COARTON, FI	City & State		City & State			4 EEI Number Applied For	
Signature Sign	· · · · · · · · · · · · · · · · · · ·	₹		1			
DO NOT WRITE IN THIS SPACE TO NAME THE STORY OF THE STREET ADDRESS TITLE NAME CHAIT, DARRIN NAME STREET ADDRESS TITLE NAME CHAIT, DARRIN NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHAIT, DARRIN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				1. C	a intri	05-1000902	
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable)	3498	Country	1 '		Junu y	5. Certificate of Status Desired	
ROBERT MARC SCHWARTZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 102 NORTH SWINTON AVE City DELRAY BEACH FL 33444-2634							
Street Address (P.O. Box Number is Not Acceptable) City DELRAY BEACH FL 33444-2634					Name		
IN THIS SPACE City		ע דמא מר	NRITE				
City DELRAY BEACH FL Zip Code 33444-2634 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) After May 1, Fee is \$150.00 After May 1, Fee is \$150.00 After May 1, Fee is \$150.00 Amended URR is \$61.25 Make Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS 11. TITLE NAME CHAIT, DARRIN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAIT, DARRIN NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL							
City DELRAY BEACH 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 and state of Florida. Planuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State O. OFFICERS AND DIRECTORS TITLE NAME CHAIT, DARRIN STREET ADDRESS CITY-ST-ZIP TITLE NAME		NTHISS	PACE		102 NORTH S	WINTON AVE	
DELRAY BEACH							
DELRAY BEACH					City	CI	Zip Code
State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE January 1 - May 1 Fee is \$150,00					DELRAY BEA	·	33444-2634
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	8. The above named	d entity submits this	statement for the purpos	e of cl	nanging its regis	stered office or registered agent, or b	ooth, in the
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	State of Florida. I	am familiar with, ar	nd accept the obligations	of regi	stered agent.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 D. OFFICERS AND DIRECTORS 1. TITLE NAME CHAIT, DARRIN TITLE DO THIS BOCA RATON, FL 33498 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ture, typed or printed nam	e of registered agent and title if a	pplicable	e. (NOTE: Regist	tered Agent signature required when reinstating	DATE
Amended UBR is \$51.25 Make Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS TITLE NAME CHAIT, DARRIN STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI	January 1	- May 1 Fee is \$15	50.00	<u></u>			<u> </u>
Make Check Payable to Florida Department of State 0.	After May 1, Fee is \$550.00						\$5.00 May Be
OFFICERS AND DIRECTORS 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD						Trust Fund Contribution.	Added to Fees
TITLE NAME CHAIT, DARRIN NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LI HORDRESS LI HOR				T 44		<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			AND DIRECTORS		ri E		
STREET ADDRESS CITY-ST-ZIP D CHAIT, DARRIN STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP L 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				E	28:858:858:858:858:858:858:858:858:858:8		
CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP L 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	STREET ADDRESS		ATION LANE	100000000000000000000000000000000000000	0.00.00.00.00.00.00.00.00.00.00.00.00.0	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-S	CITY-ST-ZIP			F * 1 * 1 * 1 * 1 * 1 * 1			
STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. 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	TITLE	D		COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAM			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP A. 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					* (*) * (*)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 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						3	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. 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		BOCA RATON, FL	_ 33498				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				E0000000000000000000000000000000000000			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP			•		151616151616161616161616161616161616		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 2. 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				Acceptable of	80-1-0-1-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0	' DO NOT WI	RITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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	TITLE	 					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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	NAME				***************************	IN I TID ST	AUL
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITYE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Intereby 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				ST	REET ADDRESS	\$ [
NAME STREET ADDRESS CITY-ST-ZIP CITYE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Intereby 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	CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Little STREET ADDRESS CITY-ST-ZIP Little STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Little STREET ADDRESS CITY-ST-ZIP Little STREET ADDRESS CITY-ST-ZIP Little STREET ADDRESS CITY-ST-ZIP Little STREET ADDRESS STREET ADDRES						L TO	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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			1				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP L 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							
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2. 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							
CITY-ST-ZIP CITY-ST-ZIP 2. 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	STREET ADDRESS	1					
2. 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	CITY-ST-ZIP		İ		(************************		
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		the information supplie	ed with this filing does not gu			tated in Section 119.07(3)(i), Florida State	utes I further
	certify that the inform	nation indicated on thi	s report or supplemental repo	ort is tr	ue and accurate a	and that my signature shall have the same	a lanal affect

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/2003 Date

Daytime Phone #

Pagerofz

September 22, 2003

TO:

DIVISION OF CORPORATION 409 EAST GAINE STREET

TALLAHASSEE, FL 32399

FROM:

UNLIMITED SOURCES, INC

DARRIN CHAIT, PRESIDENT 11865 PRESERVATION LANE BOCA RATON, FL 33498

RE: 2003 UNIFORM BUSINESS REPORT

Dear Sir or Madam:

I spoke with your office this past Friday and was informed that Unlimited Sources, Inc. was about to be administratively dissolved by the State of Florida due to Florida not having received the 2003 Form UBR.

I never received the Form UBR from your office. I personally had moved and the company's locations also changed.

I was advised by the gentleman from your office on Friday, to complete a UBR and forward a check for \$150.00 and that the company would be reinstated. Thank you for waiving the reinstatement and late fees.

Therefore, I have attached a \$150.00 check payable to Florida Department of State and have signed a newly created Form UBR generated from my new accountant's office. Please update my corporate addresses as per the attached Form UBR.

Please contact my accountant Kenneth J Sokolsky, CPA (561/394-7430) or myself if we can be of further assistance in processing this Form UBR.

Truly,

Darrin Chait, President