

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90048 023 ***158.75

DOCUMENT # P00000115385

1. Entity Name

COMPOSITES UNLIMITED, INC.



Principal Place of Business
**300-50 INDUSTRIAL PARK BLVD
SEBASTIAN FL 32958**

Mailing Address
**P.O. BOX 22
GRANT FL 32949**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686356

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE FL 32901**

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. 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

TITLE **DP** ☐ Delete
NAME **LEE, DAVID**
STREET ADDRESS **1265 GRANT ROAD**
CITY-ST-ZIP **GRANT FL 32949**

TITLE **DVTS** ☐ Delete
NAME **LEE, MARY DAPHNE**
STREET ADDRESS **1265 GRANT ROAD**
CITY-ST-ZIP **GRANT FL 32949**

TITLE **AV** ☐ Delete
NAME **LEE, RICHARD D**
STREET ADDRESS **1663 DOZIER CIRCLE SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **AV** ☐ Delete
NAME **LEE, JASON M**
STREET ADDRESS **2846 DIGBY RD. SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Mary Daphne Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

772-388-9621

Daytime Phone #

CR2E034 (10/02)