2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P00000118060 1. Entity Name PROPERTIES UNLIMITED, INC. 4-24-2001 90323 012 ***150.00 Principal Place of Business Mailing Address 9221 CRESTON AVE 9221 CRESTON AVE NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3689575 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADFORD, LEWIS Street Address (P.O. Box Number is Not Acceptable) 9221 CRESTON AVE **NEW PORT RICHEY FL 34654** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE. Change Addition NAME BRADFORD, LEWIS NAME STREET ADDRESS STREET ADDRESS 9221 CRESTON AVE CITY-ST-ZIP CITY-ST-7IP **NEW PORT RICHEY FL 34654** TITLE עמ ☐ Delete TITLE Change Addition NAME BRADFORD, KIMBERLY NAME STREET ADDRESS STREET ADDRESS 9221 CRESTON AVE CITY-ST-ZIP CITY-ST-7IP **NEW PORT RICHEY FL 34654** TIT1 F DS ☐ Delete TITLE Change Change ☐ Addition NAME MARTIN, JOHN B NAME STREET ADDRESS (AI) Harra St. 9221 CRESTON AVE STREET ADDRESS New Port Richey FL 34653 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** TITLE DT ☐ Delete TITLE ■ Addition NAME MARTIN, BONNIE M NAME 6917 Narra St. New Port Richer, FL 34653 □ Change STREET ADDRESS STREET ADDRESS 9221 CRESTON AVE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR