

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
05-14-2002 90285 035 \*\*\*150.00

**DOCUMENT # P01000042773**

1. Entity Name

**UNLIMITED GROUP ENTERPRISES, INC.**

Principal Place of Business

**1698 STUCKEY AVE., #9  
TALLAHASSEE FL 32310**

Mailing Address

**PO BOX 21164  
TALLAHASSEE FL 32316**

2. Principal Place of Business

**1698 Stuckey Avenue**

3. Mailing Address

Suite, Apt. #, etc.

**#9**

City & State

**Tallahassee, Florida**

Zip

**32310**

Country

**Leon**

Country

4. FEI Number

**59-3714855**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LUMPKIN, SEAN T  
1698 STUCKEY AVE., #9  
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name **Andreka Byers**

Street Address (P.O. Box Number is Not Acceptable)  
**3264 A Nekoma Lane**

City **Tallahassee**

**FL**

Zip Code  
**32304**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.30.02**

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, 2002 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 **D** ☐ Delete  
NAME **LUMPKIN, SEAN T**  
STREET ADDRESS **1698 STUCKEY AVE., #9**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☐ Delete  
NAME **DUCASSE, OVERSTREET**  
STREET ADDRESS **3515 NW 82 ST.**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete  
NAME **BYERS, ANDREKA**  
STREET ADDRESS **3264 A NEKOMA LN.**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Malik El**  
STREET ADDRESS **1698 Stuckey Avenue #9**  
CITY-ST-ZIP **Tallahassee, FL 32310**

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

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

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.30.02 488-3300**

CR2E034 (9/01)