2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P01000043700 1. Entity Name UNLIMITED REPAIRS, INC. 05-01-2002 91597 045 ***150.00 Principal Place of Business Mailing Address 2487 HUFFTON CIR 2487 HUFFTON CIR SARASOTA FL 34235 SARASOTA FL 34235 2. Principal Place of Busines 3. Mailing Address uite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 25- 109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired arase ta Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAUNDERS, FREDERICK J 2487 HUFFTON CIR SARASOTA FL 34235 8. The above named entity submits this patement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Sanders Jr. NAME SAUNDERS, FREDERICK J JR NAME STREET ADDRESS 2487 HUFFTON CIR STREET ADDRESS 2487 CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP Sarasota TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ton Circle CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 SIGNATURE: