

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90146 028 ***158.75

DOCUMENT # P01000052777

1. Entity Name
PROCESSING UNLIMITED, INC.

Principal Place of Business
5623 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418
US

Mailing Address
5623 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418
US



2. Principal Place of Business
6452 NW Halibut St.
 Suite, Apt. #, etc.

3. Mailing Address
6452 NW Halibut St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie, FL
Zip **34986** **Country** **US**

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Port St. Lucie, FL
Zip **34986** **Country** **US**

4. FEI Number **65-1115348** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOLSOM, RENEE L
3623 S.W. SUNSET TRACE CIR.
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name **Renee L. Dalessio**
Street Address (P.O. Box Number is Not Acceptable)
6452 NW Halibut Street
City **Port St. Lucie** **FL** **Zip Code** **34986**

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 **Renee L. Dalessio** **Renee L. Dalessio** **4/12/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FOLSOM, RENEE L	
STREET ADDRESS	3623 S.W. SUNSET TRACE CIR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALESSIO, GREGORY H	
STREET ADDRESS	5623 GOLDEN EAGLE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee L. Dalessio
STREET ADDRESS	6452 NW Halibut Street
CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6452 NW Halibut Street
STREET ADDRESS	Port St. Lucie, FL 34986
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Renee L. Dalessio** **4/12/02** **873-9197**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)