

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90051 042 ***150.00

DOCUMENT # **P01000109921**

1. Entity Name

ONE OF A KIND UNLIMITED INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 S.W. Beaver Street

Suite, Apt. #, etc.

3. Mailing Address

255 S.W. Beaver Street

Suite, Apt. #, etc.

City & State

Fort White, FL

City & State

Fort White, FL

4. FEI-Number

01-0673558

Applied For

Not Applicable

Zip

32038

Country

USA

Zip

32038

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LaVerne M. Evachek

Street Address (P.O. Box Number is Not Acceptable)

255 S.W. Beaver Street

City

Fort White

FL

Zip Code

32038

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
President	LaVerne M. Evachek	255 S.W. Beaver Street	Fort White, FL 32038

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **LaVerne M. Evachek** **LaVerne M. Evachek** 4/29/2001 (352) 413-1043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #