

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000043751

1. Entity Name
VELOCITY UNLIMITED, INC.



APPROVED
AND
FILED

04 DEC -9 PM 5:05

Principal Place of Business
1056 PINE ISLAND ROAD
UNIT L
CAPE CORAL, FL 33909

Mailing Address
3434 HANCOCK BRIDGE PKWY
SUITE 208
N. FORT MYERS, FL 33903

REINSTATEMENT

04

2. Principal Place of Business

4224 Cleveland Ave
Suite, Apt. #, etc. #3

3. Mailing Address

4224 Cleveland Ave
Suite, Apt. #, etc. #3



12032004 REIN-P CR2E098 (6/04) Tk

City & State
Ft Myers, FL

City & State
Ft Myers, FL

4. FEI Number
02-0593284

Applied For
Not Applicable

Zip 33901 Country USA

Zip 33901 Country USA

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

6. Name and Address of Current Registered Agent

SCHAEFER, JOHN R
12590 TREELINE COURT
N. FORT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHAEFER, JOHN R
STREET ADDRESS 12590 TREELINE COURT
CITY-ST-ZIP N. FORT MYERS, FL 33903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900043300089
12/09/04--01029--001 **150.00

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

John R Schaefer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #