FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90070 014 ***150.00

DOCUMENT # P02000094886

1. Entity Name
CDI UNLIMITED INC.

70027638

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
209 SHORE DR. EAST	209 SHORE DRIVE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR FL	City & State: OLDSMAR FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number: 75-3083842 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FREDERICK A. BOISVERT
Street Address (P.O. Box Number is Not Acceptable): 209 SHORE DRIVE EAST
City: OLDSMAR FL Zip Code: 34677

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: _____ 3/9/03
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, T, D
NAME	FREDERICK A. BOISVERT
STREET ADDRESS	209 SHORE DRIVE EAST
CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	VP, S, C
NAME	JENNIFER L. BOISVERT
STREET ADDRESS	209 SHORE DR. EAST
CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: _____ 3/9/03 813 855-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # ~~70022038~~ P02000094886

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0534226887

Your Telephone Number (813) 855-0068

Best Time to Call DAY

DATE OF THIS NOTICE: 10-17-2002
EMPLOYER IDENTIFICATION NUMBER: 75-3083842
FORM: SS-4

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255

CDI UNLIMITED INC
% FREDERICK A BOISVERT
209 SHORE DR E
OLDSMAR FL 34677