

**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 # 02000094886	
1. Entity Name CDI UNLIMITED INC.	

DO NOT WRITE IN THIS SPACE

70027638

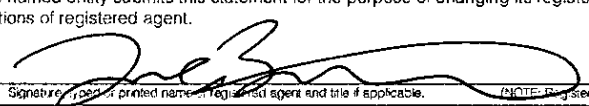
2. Principal Place of Business 209 SHORE DR. EAST	3. Mailing Address 209 SHORE DRIVE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State OLDSMAR FL	City & State OLDSMAR FL	4. FEI Number 75-3083842	Applied For ☐ Not Applicable
Zip 34677	Country USA	Zip 34677	Country USA
		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

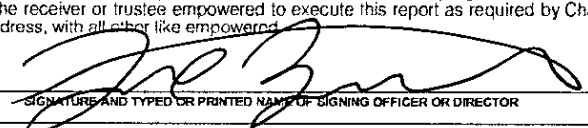
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/9/03**
Signature, postmark printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D FREDERICK A. BOISVERT 209 SHORE DRIVE EAST OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, P, S, C JENNIFER L. BOISVERT 209 SHORE DR. EAST OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE **3/9/03** 813 855-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Attachment

~~70027038~~
P02000094886

CP 575 A

0534226887

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

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

Your Telephone Number Best Time to Call
(813) 855-0068 DAY

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

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255