
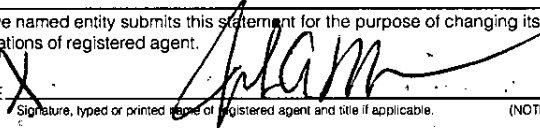
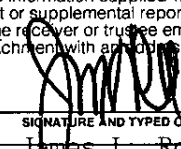


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 044 ***150.00

DOCUMENT # P05000057578			
1. Entity Name UNLIMITED RESOURCE OF SARASOTA, INC.			
Principal Place of Business 1646 10TH WAY SARASOTA, FL 34236		Mailing Address 1646 10TH WAY SARASOTA, FL 34236	
2. Principal Place of Business 1646 10th Way Suite, Apt. #, etc.		3. Mailing Address 1507 Mango Avenue Suite, Apt. #, etc.	
City & State Sarasota, FL Zip 34236 Country USA		City & State Sarasota, FL Zip 34237 Country USA	
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 S ORANGE AVE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name John . Moran, Esq. Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite 700 City Sarasota FL Zip Code 34236	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 8-16-06			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James L. Robison 1507 Mango Avenue Sarasota, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.			
SIGNATURE:  PRES. James L. Robison, President		Date: 8-14-06 Daytime Phone #: 866-6300	

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08042006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2701733
Applied For
Not Applicable

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