

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048569

1. Entity Name
NO LIMITATIONS, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90002 047 ***150.00

Principal Place of Business
220 COUNTRY CIRCLE DR W
DAYTONA BEACH FL 32124

Mailing Address
220 COUNTRY CIRCLE DR W
DAYTONA BEACH FL 32124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4257 S. Atlantic Ave
Suite, Apt. #, etc.

3. Mailing Address
4257 S. Atlantic Ave
Suite, Apt. #, etc.

City & State
Daytona Beach FL
Zip 32127 Country

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Daytona Beach FL
Zip 32127 Country

4. FEI Number 59-3204067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THORNTON, ROBERT P II
220 COUNTRY CIRCLE DR W
DAYTONA BEACH FL 32124

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4257 S. Atlantic Ave
City Daytona Beach FL Zip Code 32127

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D
NAME THORNTON, ROBERT P II
STREET ADDRESS 220 COUNTRY CIRCLE DR W
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE D
NAME THORNTON, CONNIE
STREET ADDRESS 220 COUNTRY CIRCLE DR W
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4257 S. Atlantic Ave
CITY-ST-ZIP Daytona Beach FL 32127 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4257 S. Atlantic Ave
CITY-ST-ZIP Daytona Beach FL 32127 ☐ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert P. Thornton II*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date Daytime Phone #