


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000019927	
1. Entity Name Unlimited Development, Inc.	

FILED
03 DEC 23 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 119 Marion Oaks Blvd Suite, Apt. #, etc. B City & State Ocala, FL Zip 34473 Country US		3. Mailing Address 119 Marion Oaks Blvd Suite, Apt. #, etc. B City & State Ocala, FL Zip 34473 Country U.S.	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------	--

700024994767
12/23/03--01025--019 **200.00

REINSTATEMENT 03

4. FEI Number 65-0648417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Twila Christian	
Street Address (P.O. Box Number is Not Acceptable) 9281 W Anthony Rd	
City Ocala	FL Zip Code 34479

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 

700024994767
11/25/03--01002--024 **550.00

(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 NAME STREET ADDRESS CITY-ST-ZIP Resident Jerry Hart 9281 W Anthony Rd Ocala, FL 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700024994767 11/25/03--01002--025 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP Senior Vice President Raul Ramos 10510 SW 47 Ave Ocala, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Gary Britt 9281 W. Anthony Rd. Ocala, FL 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Mark Cochran 9281 W. Anthony Rd. Ocala, FL 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03 352-347-4880
Date Daytime Phone #

CR2E034B (12/02)