

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 20, 2000 8:00 am**  
**Secretary of State**

09-20-2000 90004 018 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P95 000020261** ✓  
 1. Entity Name  
**United Unlimited Construction Inc**

Principal Place of Business      Mailing Address  
**26 N US Highway 41      26 N US Hwy 41**  
**Dunnellon, FL 34432      Dunnellon, FL 34432**

2. Principal Place of Business      3. Mailing Address  
**26 N US Hwy 41      26 N US Hwy 41**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**Dunnellon, FL      Dunnellon, FL**  
 Zip      Country      Zip      Country  
**34432      USA      34432      USA**

6. Name and Address of Current Registered Agent  
**Heine, Michael J**  
**200 Business Parkway**  
**Suite D**  
**Royal Palm Beach, FL 33411**

4. FEI Number  
**65-0568064**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>President</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Allen Heine</b>		NAME		
STREET ADDRESS	<b>26 N US Hwy 41</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Dunnellon, FL 34432</b>		CITY-ST-ZIP		
TITLE	<b>V President</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Kurt Heine</b>		NAME		
STREET ADDRESS	<b>26 N US Hwy 41</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Dunnellon, FL 34432</b>		CITY-ST-ZIP		
TITLE	<b>S.D.</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Michael Heine</b>		NAME		
STREET ADDRESS	<b>4240 121st Terrace</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Royal Palm Beach, FL 33411</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Allen Heine** **9-15-00 352-489-0687**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)