

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029107

1. Entity Name
WHAT'S NEW? UNLIMITED, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90043 039 ***150.00

Principal Place of Business

123 HARBOR VIEW LANE
LARGO FL 33770
US

Mailing Address

123 HARBOR VIEW LANE
LARGO FL 33770
US

2. Principal Place of Business

6 Stonegate Dr.
Suite, Apt. #, etc.

3. Mailing Address

6 Stonegate Dr.
Suite, Apt. #, etc.

City & State

Belleair, FL
33756 USA

City & State

Belleair, FL
33756 USA

4. FEI Number 59-3317705

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROYNE, BETH G
123 HARBOR VIEW LANE
LARGO FL 33770

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 *Beth G. Stroyne*
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 VP
NAME STROYNE, TIMOTHY M.
STREET ADDRESS 123 HARBOR VIEW LANE
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME *Stroyne, Timothy M.*
STREET ADDRESS *6 Stonegate Dr.*
CITY-ST-ZIP *Belleair, FL 33756* ☒ Change ☐ Addition
Address only

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

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

TITLE
NAME
STREET ADDRESS
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: *Beth G. Stroyne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

CR2E034 (10/00)