

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90474 001 \*\*\*300.00

**DOCUMENT # P96000009671**

1. Entity Name  
**UNLIMITED RENOVATIONS, INC.**

Principal Place of Business  
**5525 Rainbow LN**  
~~3006 STILLWELL DRIVE~~  
**CRESTVIEW FL 32539**  
**US**

Mailing Address  
**5525 Rainbow LN**  
~~3006 STILLWELL DRIVE~~  
**CRESTVIEW FL 32539**  
**US**



2. Principal Place of Business  
**5525 Rainbow LN**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5525 Rainbow LN**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Crestview FL**  
 Zip  
**32539**  
 Country

City & State  
**Crestview FL**  
 Zip  
**32539**  
 Country

4. FEI Number **59-3355303**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**POWELL, DIXIE D**  
**422 NO MAIN STREET**  
**CRESTVIEW FL 32536**

**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 **Barbara J Westfall VSTD**  
 Signature, typed or printed name of registered agent and title if applicable

**4-17-02**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>WESTFALL, PATRICK</b><br><del><b>3006 STILLWELL DRIVE</b></del><br><b>CRESTVIEW FL 32536</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD</b><br><b>WESTFALL, BARBARA</b><br><del><b>3006 STILLWELL DRIVE</b></del><br><b>CRESTVIEW FL 32536</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                     |                                                                              |
|------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>5525 Rainbow LN</b><br><b>Crestview FL 32539</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>5525 Rainbow LN</b><br><b>Crestview FL 32539</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                     | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Barbara J Westfall**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Barbara J Westfall**

**4-17-02 850-982557**  
 Date Daytime Phone #

CR2E034 (9/01)