

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

FILED
Jul 07, 2002 8:00 am
Secretary of State

07-07-2002 90065 043 ***550.00

DOCUMENT # **P960000 23109**

1. Entity Name

FLORIDA UNLIMITED SUPPLY INC
6300 South Pointe Boulevard, 207
Fort Myers, Florida 33919

DO NOT WRITE IN THIS SPACE

80127106

2. Principal Place of Business

6300 South Pointe Blvd, 207

Suite, Apt. #, etc.
207

City & State

Fort Myers, Florida

Zip
33919

Country

Lee

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert S. Korschun

Street Address (P.O. Box Number is Not Acceptable)
19 W. Flagler St, 403

Miami, FL 33130

City

Miami

FL

Zip Code

33130

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

Robert S. Korschun

Robert S. Korschun

6/11/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	JAMES T. SHEPPARD 6300 South Pointe Blvd, 207 Fort Myers, Florida 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Sheppard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18th June 2002

Date

Daytime Phone #

CR2E034B (12/01)