

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90053 026 ***150.00

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04032007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0781435 Applied For Not Applicable

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

DOCUMENT # P96000041966
1. Entity Name
UNLIMITED INSURANCE CORPORATION



Principal Place of Business Mailing Address
2109 NOVA VILLAGE DR 2109 NOVA VILLAGE DR
DAVIE, FL 33317 DAVIE, FL 33317

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6417 STIRLING RD

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVIE - FL

Zip Country Zip Country
33314 GROWARD

6. Name and Address of Current Registered Agent
AVERBUJ, VICTOR W
2109 NOVA VILLAGE DR
DAVIE, FL 33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERBUJ, VICTOR W 2109 NOVA VILLAGE DR DAVIE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERBUJ, ROGER N 2109 NOVA VILLAGE DR. DAVIE, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor W. Averbuj 04/02/07 (954) 797-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #