

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059963

1. Entity Name  
UNLIMITED EQ, INC.

Principal Place of Business  
2902 ISABELLA BLVD.  
SUITE 50  
JACKSONVILLE BEACH FL 32250

Mailing Address  
2902 ISABELLA BLVD.  
SUITE 50  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3316397

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BENDER, WILLIAM C  
STREET ADDRESS 2902 ISABELLA BLVD., SUITE 50  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Change ☐ Addition  
400004913174--7  
-02/13/02--01018--007  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE DP ☐ Delete  
NAME BENDER, WILLIAM D  
STREET ADDRESS 2902 ISABELLA BLVD., SUITE 50  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Change ☐ Addition

TITLE DST ☐ Delete  
NAME BENDER, OLGA  
STREET ADDRESS 2902 ISABELLA BLVD., SUITE 50  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 704 246-7608  
Date Daytime Phone #

FILED

02 JAN 23 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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