

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 002 ***150.00

DOCUMENT #

1. Entity Name **P97000027254**

HOLDINGS UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 Chardin Drive

3. Mailing Address

101 Chardin Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Nokomis, FL

City & State

Nokomis, FL

4. FEI Number

65-0744409

Applied For

Not Applicable

Zip

34275

Country

Zip

34275

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Geoffrey A. Frazier

Street Address (P.O. Box Number is Not Acceptable)

101 Chardin Drive

City

Nokomis

FL

34275

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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

C

NAME

Geoffrey A. Frazier

STREET ADDRESS

101 Chardin Drive

CITY-ST-ZIP

Nokomis, FL 34275

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

PC

NAME

Rick St. George

STREET ADDRESS

101 Chardin Drive

CITY-ST-ZIP

Nokomis, FL 34275

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey A. Frazier

4-11-03

Date

Daytime Phone #

CR2E034B (12/01)