

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90005 019 ***150.00

DOCUMENT # P97000034043

1. Entity Name

REVENGE UNLIMITED, INC.

Principal Place of Business

Mailing Address

2721 S.W. 71ST TERRACE, SUITE 702
DAVIE FL 33314

2721 S.W. 71ST TERRACE, SUITE 702
DAVIE FL 33314-1118

2. Principal Place of Business

3. Mailing Address

8851 Wiles Road

8851 Wiles Rd

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.
209

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33067 Country

Zip
33067 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0747494

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

BAUMGARTNER, MICHAEL R
2721 S.W. 71ST TERRACE, SUITE 702
DAVIE FL 33314

Name

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

8851 Wiles Road Suite 204

City

Coral Springs

FL

Zip Code

33067

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]

Michael Baumgartner

7/28/00

(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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAUGARTNER, MICHAEL R
2721 S.W. 71ST TERRACE, SUITE 702
DAVIE FL 33314

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Baumgartner Michael R
8851 Wiles Road #204
Coral Springs FL 33067

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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]

Michael Baumgartner

7/28/00

954 255 8203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)