

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90033 004 ***150.00

DOCUMENT # P97000042113

1. Entity Name
UNUSUALLY UNITED UNIVERSE UNLIMITED, INC.



Principal Place of Business
**904 CURLEW ROAD
SUITE 999
DUNEDIN FL 34698-1926**

Mailing Address
**904 CURLEW ROAD
SUITE 999
DUNEDIN FL 34698-1926**

2. Principal Place of Business

981 CARDIGAN LN. 981 CARDIGAN LN

Suite, Apt. #, etc.

PALM HARBOR

City & State
FL 34683-6002

Zip Country
34683-6002 U.S.A.

3. Mailing Address

981 CARDIGAN LN

Suite, Apt. #, etc.

PALM HARBOR - FL

City & State

Zip Country
34683-6002 U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3498254**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAH, CHETAN R
904 CURLEW ROAD
SUITE 999
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **SHAH, CHETAN R**
Street Address (P.O. Box Number is Not Acceptable)
981 CARDIGAN LN
City **PALM HARBOR** FL Zip Code **34683-6002**

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 PSDH **3/30/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SHAH, CHETAN R	
STREET ADDRESS	904 CURLEW ROAD	
CITY-ST-ZIP	DUNEDIN FL 34698-1926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, CHETAN R	
STREET ADDRESS	981 CARDIGAN LN	
CITY-ST-ZIP	PALM HARBOR FL 34683-6002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **3/30/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)