

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90009 040 ***150.00

DOCUMENT # P97000106585

1. Entity Name
THE ILLIMITABLE CORPORATION

Principal Place of Business

**159 OREGON LANE
BOCA RATON FL 33487**

Mailing Address

**159 OREGON LANE
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

P.O. Box 22-3592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **Hollywood, FLA.**

Zip

Country

Zip **33022-3592**

Country

4. FEI Number **65-0807255**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**POKORNY, JUNE
159 OREGON LANE
BOCA RATON FL 33487**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PVST** ☐ Delete
NAME **POKORNY, JUNE**
STREET ADDRESS **159 OREGON LANE**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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

Date

Daytime Phone #

7-29-02 997-7727

CR2E034 (4/02)

Attachment

972260

July 29, 2002

P97000106595

To Whom it may Concern,

I did not receive the original Uniform Business Report during the first part of the year.

During that time, my family and I were forced to move out of our home, due to construction problems, and had our mail forwarded to two locations during a four and a half month time period.

We were missing some mail from November through the end of February, and I believe the Uniform Business Report was one of the missing items.

Enclosed is a check for the original amount. I called 1-800-488-9000, and was told to send an explanation along with a check, and a one-time excuse would be granted. I sincerely appreciate your consideration in this matter. It will not happen again.

Thank you,

June Pokorny
Illimitable Corp.