

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90030 008 ***550.00

DOCUMENT # P98000007714

1. Entity Name
RIGHTSIZING UNLIMITED, INC.

Principal Place of Business

YULEE CONAHAM FL
P.O. BOX 1449
YULEE FL 32041-1990

Mailing Address

2606 JONAS DR
CALLAHAN FL 32011

2. Principal Place of Business

CALLAHAN

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

59-3209088

Applied For

Not Applicable

Zip

32011

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EBY, TERRY L
2606 JONES DR
CALLAHAN FL 32011

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.

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 12, 2001 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 **P** ☐ Delete
NAME **EBY, TERRY L**
STREET ADDRESS **2606 JONES DR**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **VP** ☐ Delete
NAME **EBY, MARILYN J**
STREET ADDRESS **2606 JONES DR**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **T** ☐ Delete
NAME **EBY, TERRY L**
STREET ADDRESS **2606 JONES DR**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **S** ☐ Delete
NAME **EBY, MARILYN J**
STREET ADDRESS **2606 JONES DR**
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE ☐ Delete
NAME
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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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 879 0260

CR2E034 (5/01)