

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
 02-05-2002 90055 026 ***150.00

MA0017 AV

DOCUMENT # P98000019487

1. Entity Name
YOUR OPPORTUNITIES UNLIMITED, INC.

Principal Place of Business

**2076 ASHBURY DR
 CLEARWATER FL 33764**

Mailing Address

**2076 ASHBURY DR
 CLEARWATER FL 33764**

80017625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2715 VIA CAPRI
 Suite, Apt. #, etc.
 # 722**

3. Mailing Address

**2715 VIA CAPRI
 Suite, Apt. #, etc.
 # 722**

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3241141

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

33764

Country

USA

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

6. Name and Address of Current Registered Agent

DOUGLAS, DAN M

**~~2076 ASHBURY DR~~ 2715 VIA CAPRI #722
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name - - -

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

2715 VIA CAPRI #722

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 **Dan M Douglas**

Signature, typed or printed name of registered agent and title, if applicable.

DAN M DOUGLAS, PRES.

(NOTE: Registered Agent signature required when reinstating)

1/15/02

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, 2002 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 **P** ☐ Delete
 NAME **DOUGLAS, DAN M**
 STREET ADDRESS **~~2076 ASHBURY DR~~ 2715 VIA CAPRI #722**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **2715 VIA CAPRI #722**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

DAN M DOUGLAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02
 Date

(727) 531-1131
 Daytime Phone #

CR2E034 (9/01)