

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90069 017 \*\*\*150.00

**DOCUMENT # P98000029005**

1. Entity Name

**INVESTMENTS UNLIMITED OF VERO BEACH, INC.**

Principal Place of Business

**710 LAGOON ROAD  
 VERO BEACH FL 32963**

Mailing Address

**710 LAGOON ROAD  
 VERO BEACH FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0824323**

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

**LEONARD, LAWRENCE Y  
 817 BEACHLAND BLVD.  
 VERO BEACH FL 32964-3406**

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 \$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 **CLEMENIS, MARCIA**  
 STREET ADDRESS **5544 N. HARBOR VILLAGE DRIVE #202**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **P** ☐ Delete  
 NAME **SANDERS, DEBBIE**  
 STREET ADDRESS **1646 INDIAN BAY DRIVE**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **T** ☐ Delete  
 NAME **OYSTER, SASSY**  
 STREET ADDRESS **190 COQUILLE WAY**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **TD** ☐ Delete  
 NAME **DURFEE, FLORENCE**  
 STREET ADDRESS **100 OYSTER CUT**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete  
 NAME **The Above officers'**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **terms end**  
 STREET ADDRESS **April 8th, 2002**  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **Pres. Margarien, Judy**  
 STREET ADDRESS **901 BAY DR**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☐ Addition  
 NAME **Pres. Sue Matthews**  
 STREET ADDRESS **516 BAY DRIVE**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☐ Addition  
 NAME **Treas. Sue Brehmer**  
 STREET ADDRESS **201 Seabreeze Court**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☐ Addition  
 NAME **Treas Jane Schwierring**  
 STREET ADDRESS **515 BAY DRIVE**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☐ Addition  
 NAME **NEW officers as of**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **4-8-02**  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Daytime Phone #

562-234-1749

CR2E034 (9/01)

0126366 AV