FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

INING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P98000065978 1. Entity Name A & A UNLIMITED INVESTMENTS, INC. 04-17-2001 90063 037 \*\*\*150.00 Principal Place of Business Mailing Address 7007 S FLORIDA AVE PO BOX 1349 FLORAL CITY FL 34436 LAKE PANASOFFKEE FL 33538 2. Principal Place of Business 3. Mailing Address 44-E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3526450 AKE PANASOFFKEE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33638 <u>im</u>ter Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: GRIFFIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 469 CR 4825 LAKE PANASOFFKEE FL 33538 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PD Change ☐ Addition TITLE ☐ Delete TITI E LEGG, DENISE NAME NAME ANC. STREET ADDRESS STREET ADDRESS 37105 LOCK STREET CITY-ST-7IP CITY-ST-ZIP DADE CITY FL 33525 NUYCHES TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-7IP CITY-ST-7IP \_ Change\_ Addition TITLE . Detete. TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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