

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90233 005 ***150.00

DOCUMENT # P98000091892

1. Entity Name
ASSOCIATES UNLIMITED, INC.



Principal Place of Business
**3956 W. HILLSBOROUGH AVE.
TAMPA FL 33614**

Mailing Address
**3956 W. HILLSBOROUGH AVE.
TAMPA FL 33614**

2. Principal Place of Business
3105 W. WATERS AVE

3. Mailing Address
3105 W. WATERS AVE

Suite, Apt. #, etc.
109 A

Suite, Apt. #, etc.
109 A

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33614

Country
HILLSBOROUGH

Zip
33614

Country
HILLSBOROUGH



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3540072**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESSINEO, CHRISTINA
5204 CARROLWOOD MEADOWS
TAMPA FL 33625**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MESSINEO, ROBERTS
5204 CARROLWOOD MEADOWS
TAMPA FL 33625** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MESSINEO, CHRISTINA
5204 CARROLWOOD MEADOWS
TAMPA FL 33625** ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STATE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/2003 813 8755302

CR2E034 (10/02)