

2000 UNIFORM BUSINESS REPORT (UBR)

4/4.

FILED
May 15, 2000 8:00 am
Secretary of State

04-04-2000 90006 040 ***158.75

DOCUMENT # P98000107065

1. Entity Name
UNLEASHED INC.

Principal Place of Business

Mailing Address

881 BROOKSON AVE.
 PALM BAY FL 32907

881 BROOKSON AVE.
 PALM BAY FL 32907-7716

2. Principal Place of Business

2747 Scarborough Dr

3. Mailing Address

2747 Scarborough Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, fl

City & State

Kissimmee, fl

4. FEI Number

59-3598885

Applied For

Not Applicable

Zip

34744

Country

Oscola

Zip

34744

Country

Oscola

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSBURGH, JENNIFER
881 BROOKSON AVE.
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

Carole Freeman

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

2747 Scarborough Dr

Kissimmee

City

fl

FL

Zip Code
34744

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

Jennifer Hoshburgh / Carole Freeman

3/29/2000

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, 2000 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 **President** ☐ Delete
 NAME **Carole Freeman**
 STREET ADDRESS **2747 Scarborough Dr.**
 CITY-ST-ZIP **Kissimmee, fl 34744**

TITLE **Secretary** ☐ Delete
 NAME **Jennifer Hoshburgh**
 STREET ADDRESS **881 Brookson Ave**
 CITY-ST-ZIP **Palm Bay, fl 32907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 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:

Carole Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000

Date

407 348-7385

Daytime Phone #

CR2E034 (9/99)