2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P99000002363 PERMITS UNLIMITED, INC. 01-31-2001 90040 035 ***150.00 Principal Place of Business Mailing Address 1706 W PARKER ST. #4 1706 W PARKER ST. #4 LAKELAND FL 33815 LAKELAND FL 33815 2. Principal Place of Business 3. Mailing Address th N.W 11011 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3548995 Winter Haven winter HAVEN Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPAIN BROWN SPAIN, CYNTHIA (P.O. Box Number is Not Acceptable) 1706 W PARKER ST, #4 LAKELAND FL 33815 Dinter Haveb 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 -19-0 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition Delete TITLE **BROWN SPAIN, CYNTHIA** NAME MAME 1706 W PARKER ST, #4 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKELAND FL 33815 CITY-ST-ZIP TITLE Treasurer ☐ Delete TITLE NAME NAME DAVID L. SPAIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN_FL 33881 TITLE ☐ Delete TITLE Addition Secretory NAME NAME DAVID L. SPAIN STREET ADDRESS STREET ADDRESS 1611 17th 5+ 20 CITY-ST-ZIP winter HA. FL 33481 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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: