

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90017 042 ***550.00

DOCUMENT # P99000037551

1. Entity Name
HOUSEWARES UNLIMITED, INC. ✓

Principal Place of Business
149-F SOUTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address
149-F SOUTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

2. Principal Place of Business
112 MANGO TREE DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1330
Suite, Apt. #, etc.

City & State
EDGEWATER FL
Zip
32132 Country

City & State
EDGEWATER FL
Zip
32132 Country

4. FEI Number
59-3576165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORNTO, L.A. JR, ESQ
149-F SOUTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DUNAWAY, LINDSEY H
6603 YOUMANS CHAPEL ROAD
BLACKSHEAR GA 31516 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DUNAWAY, JEANNETTE D
6603 YOUMANS CHAPEL ROAD
BLACKSHEAR GA 31516 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DUNAWAY, LINDSEY H
875 WINDOVER COURT
NEW SMYRNA BEACH FL 32169 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DUNAWAY, JEANNETTE D
875 WINDOVER COURT
NEW SMYRNA BEACH FL 32169 ☐ Change ☐ Addition

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

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

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

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

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:

LINDSEY H. DUNAWAY
Date: 7-13-2000 Daytime Phone: 904-423-1237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #