

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S 86850**

1. Entity Name
No Limits Construction Inc

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 2:12

Principal Place of Business
**P.O. BOX 7537
NORTH PORT, FL
34287**

Mailing Address
**P.O. BOX 7537
NORTH PORT FL
34287**

2. Principal Place of Business
P.O. BOX 7537
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 7537
Suite, Apt. #, etc.

City & State
NORTH PORT, FL

City & State
NORTH PORT 34287

Zip
34287

Country
SARASOTA

Zip
FL

Country
SARASOTA

REINSTATEMENT **00**
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**AYLSWORTH CINDY L.
2214 ANDREA LANE
FT MYERS, FL 33912**

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 **Cindy Aysworth**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CINDY L. AYLSWORTH		NAME CINDY L. AYLSWORTH	
STREET ADDRESS (P.O. BOX 7537)		STREET ADDRESS (P.O. BOX 7537)	
CITY-ST-ZIP (2214 ANDREA LN) North Port FL 34287		CITY-ST-ZIP (2214 ANDREA LN) North Port FL 34287	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CINDY L. AYLSWORTH		NAME CINDY L. AYLSWORTH	
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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: **Cindy Aysworth** **PRESIDENT 941-429-9676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)