

2001 UNIFORM BUSINESS REPORT (UBR)

0052189

DOCUMENT # V39887

1. Entity Name

CONTINUITY UNLIMITED, INC.

APPROVED
AND
FILED

01 FEB 22 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

36 GRAHAM AVE
OVIEDO FL 32765
US

Mailing Address

36 GRAHAM AVE.
OVIEDO FL 32765
US

2. Principal Place of Business

570 S. CENTRAL AVE

3. Mailing Address

570 S. CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

59-3147456

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32703

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATEMAN, DAVID E
36 GRAHAM AVE.
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

LUIS CASTILLO

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

1020 ST. CROIX AVE

City

APOPKA

FL

Zip Code

32703

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

1/30/01

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, 2001 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 DP
NAME BATEMAN, DAVID E
STREET ADDRESS 36 GRAHAM AE.
CITY-ST-ZIP OVIEDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT - TREASURER
NAME LUIS A. CASTILLO
STREET ADDRESS 1020 ST. CROIX AVE
CITY-ST-ZIP APOPKA, FL 32703 ☒ Change ☐ Addition

TITLE CEO - SECRETARY
NAME SAIDA ANDRADE
STREET ADDRESS 1020 ST. CROIX AVE
CITY-ST-ZIP APOPKA FL 32703 ☒ 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 for 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

407-889-4098

Daytime Phone #

CR2E034 (10/00)