

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000032743

**Entity Name:** PROVISIONS UNLIMITED INCORPORATED

**Current Principal Place of Business:**

15849 87TH RD N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15849 87TH RD N  
LOXAHATCHEE, FL 33470 US

**FEI Number: 88-2162705**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SCHNEIDER, ALONA  
15849 87TH RD N  
LOXAHATCHEE, FL 33470 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PEREZ, SANTIAGO A JR  
Address 15849 87TH RD N  
City-State-Zip: LOXAHATCHEE FL 33470

Title VP  
Name SCHNEIDER, ALONA  
Address 15849 87TH RD N  
City-State-Zip: LOXAHATCHEE FL 33470

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALONA SCHNEIDER**

**VICE PRESIDENT**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date