

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01515

FILED
Jan 13, 2003
Secretary of State

Entity Name: UNITY-CLEARWATER, INC.

Current Principal Place of Business:

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-1058242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOCK, LEDDY ELAINE
2465 NURSERY RD.
CLEARWATER, FL 34624

Name and Address of New Registered Agent:

HAMMOCK, LEDDY ELAINE
2465 NURSERY RD.
CLEARWATER, FL 33764

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

01/13/2003

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: LUCE, KEVIN
Address: 14878 55TH WAY N
City-St-Zip: CLEARWATER, FL 33760

Title: DS () Delete
Name: DI BELLA, NANCY
Address: 12350 JULIA ST
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: ALDERMAN, VICTORIA
Address: 1358 TUSCOLA ST
City-St-Zip: CLEARWATER, FL 33756

Title: DP () Delete
Name: NICHOLS, BARBARA
Address: 2019 CROYDON DR
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: GROSS, VICTORIA
Address: 9520 134TH ST
City-St-Zip: SEMINOLE, FL 33776

Title: DT () Delete
Name: GARDNER, NANCY
Address: 8477 MERRIMOOR BLVD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: MCNULTY, BARBARA
Address: 2019 CROYDON DR
City-St-Zip: CLEARWATER, FL 33764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN LUCE

Electronic Signature of Signing Officer or Director

DV

01/13/2003

Date