

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000104093**

1. Entity Name
SECRETARIES UNLIMITED, INC.

FILED

02 APR 26 AM 10:28

Principal Place of Business
**9428 BAYMEADOWS ROAD, SUITE 120
JACKSONVILLE FL 32256**

Mailing Address
**9428 BAYMEADOWS ROAD, SUITE 120
JACKSONVILLE FL 32256**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		69-0006277		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BURGESS, MARGARET L 9428 BAYMEADOWS ROAD, SUITE 120 JACKSONVILLE FL 32256				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: _____ (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)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW! FEES \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	President
STREET ADDRESS		STREET ADDRESS	Marge Burgess
CITY-ST-ZIP		CITY-ST-ZIP	9428 Baymeadows Rd. Suite 120 Jacksonville, FL. 32256
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Secretary
STREET ADDRESS		STREET ADDRESS	Joan Tatsak
CITY-ST-ZIP		CITY-ST-ZIP	9428 Baymeadows Rd. Suite 120 Jacksonville, FL. 32256
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Vice President
STREET ADDRESS		STREET ADDRESS	Shermon Burgess
CITY-ST-ZIP		CITY-ST-ZIP	9428 Baymeadows Rd Suite 120 Jacksonville, FL. 32256
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: *Margaret Burgess*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02 *THOR* *737-9256*
 Date Daytime Phone #