

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072580

1. Entity Name

UNITY TELECOMMUNICATIONS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90012 038 ***150.00

Principal Place of Business

Mailing Address

511 FAIRWOOD AVE. #249
CLEARWATER FL 33759

511 FAIRWOOD AVE. #249
CLEARWATER FL 33759-2811

2. Principal Place of Business

7831 Treasure Point Dr
Suite, Apt. #, etc.

3. Mailing Address

7831 Treasure Point Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey, FL, 34668

City & State

Port Richey, FL

4. FEI Number

59-3629391

☒ Applied For
☐ Not Applicable

Zip

34668

Country

USA

Zip

34668

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCABE, RONALD D
511 FAIRWOOD AVE. #249
CLEARWATER FL 33759

Name

MCCABE, RONALD D

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

7831 Treasure Point Dr

City

Port Richey, FL, 34668

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

Ronald D. McCabe

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCABE, RONALD D	
STREET ADDRESS	511 FAIRWOOD AVE. #249	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCABE, ALEXIS	
STREET ADDRESS	511 FAIRWOOD AVE. #249	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, RONALD D	
STREET ADDRESS	7831 Treasure Point Dr	
CITY-ST-ZIP	Port Richey, FL, 34668	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, ALEXIS	
STREET ADDRESS	7831 Treasure Point Dr	
CITY-ST-ZIP	Port Richey, FL, 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ronald D. McCabe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

727-815-0810

Daytime Phone #

CRZE034 (9/99)