

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA9000072500
1. Entity Name
Unity TELECOMMUNICATIONS, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5171 JENSON AVE.

Suite, Apt. #, etc.

3. Mailing Address

5171 JENSON AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

4. FEI Number
59-3629391

☒ Applied For
☐ Not Applicable

Zip
34608

Country
USA

Zip
34608

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RON McCabe

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

5171 JENSON AVE.

City Spring Hill

FL

Zip Code
34608

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

Ron McCabe

RON McCabe
President

4-13-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RONALD McCabe
5171 JENSON AVE
SPRING HILL, FL, 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE President
ALEXIS McCabe
5171 JENSON AVE
Spring Hill, FL, 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ron McCabe

RON McCabe President

4-13-02 352-686-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)