


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000001019 1. Entity Name UNIT 44, INC.	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 615 CHANNELSIDE DR Suite, Apt. #, etc.	3. Mailing Address 53 N. MAIN ST Suite, Apt. #, etc.
City & State TAMPA, FLORIDA	City & State FREDERICKTOWN OHIO
Zip 33602 Country USA	Zip 43019 Country USA

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REINSTATEMENT 558.75
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DO NOT WRITE IN THIS SPACE	4. FEI Number 03-0374729		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name WILLIAM WINSTON RITCHEY Street Address (P.O. Box Number is Not Acceptable) 5152 NORTHRIDGE ROAD City SARASOTA FL Zip Code 34238		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  WILLIAM WINSTON RITCHEY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 10-16-03
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/P/S/T MICHAEL S. DENNIS 13821 OLD MAUSFIELD ROAD MT. VERNON, OHIO 43050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  MICHAEL S DENNIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10-16-03	Daytime Phone # 740-694-6660
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CR2E034B (12/02)

7/10/22