

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G63078

1. Entity Name

UNICHEM TECH, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90210 048 ***158.75

Principal Place of Business Mailing Address
903 HICKORY AVE 903 HICKORY AVE
PO BOX 99 PO BOX 99
FRUITLAND PK FL 34731 FRUITLAND PK FL 34731-0099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fruitland Pk FL

4. FEI Number

59-2951103

Applied For

Not Applicable

Zip

Country

Zip

Country

34731

Lahe

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

MISHOE, LOWELL M.
903 HICKORY AVE
FRUITLAND PARK FL 34731

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MISHOE, LOWELL M. 903 HICKORY AVENUE FRUITLAND PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEAGLE, JAMES, C 1744 YOUNGS ROAD LEESBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lowell M. Mishoe Lowell M. Mishoe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

352-787-4565

Daytime Phone #