

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12985

1. Entity Name

UNISON ENTERPRISES, INC.

Principal Place of Business

913 GULF BREEZE PKWY
UNIT 12
GULF BREEZE FL 32561
US

Mailing Address

913 GULF BREEZE PKWY
UNIT 12
GULF BREEZE FL 32561
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2427361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRIQUES, THOMAS J
913 GULF BREEZE PKWY UNIT 12
GULF BREEZE FL 32561-1470

7. Name and Address of New Registered Agent

Name: Caughman, Mary
Street Address (P.O. Box Number is Not Acceptable): 2410 W. Bayshore Rd.
City: Gulf Breeze FL Zip Code: 32561

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

Thomas J. Henriques 04-24-01

(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, 2001 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	CAUGHMAN, MARY H.	
STREET ADDRESS	2410 W.BAYSHORE RD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HENRIQUES, THOMAS J.	
STREET ADDRESS	2410 W.BAYSHORE RD.	
CITY-ST-ZIP	GULF BREEZE FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Caughman, Mary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	913 Gulf Breeze Pkwy, #12	
STREET ADDRESS	Gulf Breeze FL 32561	
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		
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:

Mary Caughman
MARY CAUGHMAN

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

01-08-01

Date

850-934-3600

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0468586

CR2E034 (10/00)