

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H23598**

1. Entity Name

UNISON, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90085 032 ***158.75

548319

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
DEL-AIRE MOTEL 744 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 US	5428 BAY LAGOON CIR. ORLANDO FL 32819

2. Principal Place of Business	3. Mailing Address
DEL-AIRE MOTEL	SAME AS ABOVE
Suite, Apt. #, etc. 744 N. ATLANTIC AV	Suite, Apt. #, etc.
City & State DAYTONA BEACH.	City & State
Zip 32118	Country VOLUSIA

4. FEI Number	59-2448711	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLAY, MAHENDRA L 5428 BAY LAGOON CR. ORLANDO FL 32819	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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP PSTD SOLAY, MAHENDRA L. 5428 BAY LAGOON CIRCLE ORLANDO 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 <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:**MAHENDRA SOLAY****4/24/01****407/352-5757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)