

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90086 035 \*\*\*150.00

**DOCUMENT # H89081**

1. Entity Name

**UNITY LANES, INC.**

Principal Place of Business

**6816 GALL BLVD  
 ZEPHYRHILLS FL 33541  
 US**

Mailing Address

**4847 N ARMENIA AVE.  
 TAMPA FL 33603**

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

**59-2739690**

Applied For

Not Applicable

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

**MORRIS, WILLIAM F.  
 4847 N ARMENIA AVE.  
 TAMPA FL 33603**

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, 2002 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

TITLE PD  
 NAME MORRIS, WILLIAM F.  
 STREET ADDRESS 4847 N. ARMENIA AVE.  
 CITY-ST-ZIP TAMPA FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST  
 NAME KRAUSS, GERALD C.  
 STREET ADDRESS 8042 12 AVE SOUTH  
 CITY-ST-ZIP ST PETERSBURG FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  
 NAME KRAUSS, KEVIN G.  
 STREET ADDRESS 1348 80TH STREET, SOUTH  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AST  
 NAME MORRIS, J M  
 STREET ADDRESS 7202 YARDLEY WAY  
 CITY-ST-ZIP TAMPA FL 33647

TITLE  
 NAME  
 STREET ADDRESS 15838 DAWSON RIDGE DR  
 CITY-ST-ZIP Tampa, FL 33647

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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:

*Michael Morris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02

813-879-1339

Date

Daytime Phone #

CR2E034 (9/01)