

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90118 049 ***150.00

DOCUMENT # K82229

1. Entity Name
UNICORN SERVICES INC.



Principal Place of Business

C/O PEGGY HINDERLITER
6403 S. CLARK AVENUE
TAMPA, FL 33616 US

Mailing Address

C/O PEGGY HINDERLITER
6403 S. CLARK AVENUE
TAMPA, FL 33616 US

20027202



03122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2979165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HINDERLITER, PEGGY
6403 S. CLARK AVENUE
TAMPA, FL 33616

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RAY, LINDA**
STREET ADDRESS **9501 TREASURE LANE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **D** ☐ Delete
NAME **HINDERLITER, PEGGY**
STREET ADDRESS **6403 S. CLARK AVE.**
CITY-ST-ZIP **TAMPA, FL**

TITLE **D** ☐ Delete
NAME **DUVAL, DONNA**
STREET ADDRESS **610 CLAVENDOR CT**
CITY-ST-ZIP **LAWRENCVILLE, GA 30243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peggy L. Hinderliter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

PEGGY L. HINDERLITER

8330576

Cell Phone #