

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004941

1. Entity Name

UNITY WON, INC.

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90005 047 \*\*\*\*61.25

0066498

Principal Place of Business

640 DOUGLAS AVE  
DUNEDIN FL 34698

Mailing Address

640 DOUGLAS AVE  
DUNEDIN FL 34698

940504

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

59-3682980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FELOS, CONSTANCE M  
640 DOUGLAS AVE  
DUNEDIN FL 34698

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.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BILAL, ROSE N  
STREET ADDRESS 111 E PLYMOUTH STREET  
CITY-ST-ZIP TAMPA FL 33603-5749

TITLE D ☐ Delete  
NAME HATCHER, STACY  
STREET ADDRESS 963 SUWANEE ST  
CITY-ST-ZIP SAFETY HARBOR FL 34695-5749

TITLE D ☒ Delete  
NAME SINCLAIR, MARGARET R  
STREET ADDRESS 319 BAILEY STREET  
CITY-ST-ZIP SAFETY HARBOR FL 34695

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 10

TITLE D, PRESIDENT/TREASURER ☒ Change ☒ Addition  
NAME BILAL, ROSE N.  
STREET ADDRESS SAME  
CITY-ST-ZIP SAME

TITLE D/V ☒ Change ☐ Addition  
NAME Hatcher, Stacy  
STREET ADDRESS SAME  
CITY-ST-ZIP SAME

TITLE D/V ☐ Change ☒ Addition  
NAME SHUMWAY, ANITA  
STREET ADDRESS 2818 COUNTRYSIDE BLVD #444  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D/S ☐ Change ☒ Addition  
NAME FELOS, CONSTANCE  
STREET ADDRESS 640 DOUGLAS AVE  
CITY-ST-ZIP DUNEDIN, FL 34698

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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:

*SIGNATURE REQUIRED*  
ROSEN, BILAL, 4/3/01 (813) 221-3088  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)