

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

0016392

DOCUMENT # **N02000007343**

1. Entity Name

**UNITY NOW, INC.**



08-21-2003 90107 008 \*\*\*\*70.00

Principal Place of Business

**13575 - 58 ST NORTH STE 187  
CLEARWATER FL 34620**

Mailing Address

**13575 - 58 ST NORTH STE 187  
CLEARWATER FL 34620**

2. Principal Place of Business

**2216 Barbara Dr**

Suite, Apt. #, etc.

**Clearwater, FL**

City & State

3. Mailing Address

**2216 Barbara Dr**

Suite, Apt. #, etc.

**Clearwater, FL**

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**74-3062768**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

Zip

**33764**

Country

**Pinellas**

Zip

**33764**

Country

**Pinellas**

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, JOHN**

**13575 - 58 ST NORTH STE 187**

**CLEARWATER FL 34620**

7. Name and Address of New Registered Agent

Name

**McLaughlin, John**

Street Address (P.O. Box Number is Not Acceptable)

**2216 Barbara Drive**

**Clearwater, FL**

City

**Clearwater**

**FL**

Zip Code

**33764**

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

**John McLaughlin**

**8/19/03**

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**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete  
NAME **McLaughlin, John**  
STREET ADDRESS **2216 Barbara Drive**  
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **VOST** ☐ Delete  
NAME **Lauren McLaughlin**  
STREET ADDRESS **2216 Barbara Drive**  
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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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:

**John McLaughlin** **8/19/03** **(727) 531-8516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)