2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000056243 1. Entity Name UNISOURCE REALTY, INC.					Mar 01, 2001 8:00 am Secretary of State 02-01-2001 90038 018 ***150.00				
Principal Place of Business 3519 N. PINE ISLAND RD. SUNRISE FL 33351		Mailing Address 3519 N. PINE ISLAND RD. SUNRISE FL 33351				· ·	3 3 7 6 2	848 144 1861	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SPACE		
City & State		City & State			4. FEI Number 65-1076800 Applied For Not Applicable]
Zip	Country	Zip Country		У	5. Certificate of Status Desired				
·	6. Name and Address of Current F	Registered Agent		Name	7. N	lame and Address of New Re	gistered Agent		
3519	DDARD, HENRY F JR N. PINE ISLAND RD. RISE FL 33351			P.O. B	ox Number is Not Acceptable)				
				City		FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or registere	ed age	ent, or both, in the State of Flori	ida.		1
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered	Agent signature required	when re	instating)	DATE	<u>. </u>	
Tax filing r	oxation is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY-1, 2001- Fee will be \$550.00— Make Check Payable to Department of Stat			e	10. Election Campaign Fina Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D		12.	· · · · · · · · · · · · · · · · · · ·	ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR		[
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Stoddard, Henry F Jr. 3519 N. Pine (Sland Rd. Sunrise Fl. 33351	. Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS .		,	☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-2IP		Ocide	,TITLE - NAME STREET CITY - S	ADDRESS			Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS 7-21P	•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-S				Change	☐ Addition	
13. I hereby of indicated of the conchanged.	pertify that the information supplied with the on this report or supplemental eport is poration or the receiver or triskee empoor on an attachment with address, with the control of the c	this fight does not qualify for true and accurate and that it was do to execute this report in all other like empowered.			tion 1 ame le Florid	19.07(3)(i), Florida Statules. I fi egal effect as if made under oa la Statutes: and that my name,	urther certify that the inth; that I am an officer appears in Block 11 or	ordirector Block 12 if	•