

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04/27/02 AV

DOCUMENT # P00000079277

1. Entity Name

3NITY, INC.

04-07-2002 90088 027 ***150.00

Principal Place of Business

**10029 N ASTER ST
TAMPA FL 33612**

Mailing Address

**10029 N ASTER ST
TAMPA FL 33612**

2. Principal Place of Business

4920 Baycrest Dr.

Suite, Apt. #, etc.

3. Mailing Address

4920 Baycrest Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL 33615

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number

**59-3714170
APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOMEZ, MAYRA
10029 N ASTER ST
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

Jose Gomez

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

10029 N. Aster Ave.

City

Tampa

FL

Zip Code

33612

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

Jose Gomez

3/11/2002

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

TITLE **D** ☐ Delete
NAME **GOMEZ, JOSE**
STREET ADDRESS **4920 BAYCREST DR**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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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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:

Jose Gomez, President

3/11/2002

813-243-4641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)