

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000101994**

1. Entity Name

UNIPHY MANAGEMENT SYSTEMS, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90937 025 ***150.00

Principal Place of Business

**11840 76TH STREET NORTH
LARGO FL 33773**

Mailing Address

**11840 76TH STREET NORTH
LARGO FL 33773**

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

22-3759496

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, BARBARA B
11840 76TH STREET NORTH
LARGO FL 33773**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BRADLEY, BARBARA B	
STREET ADDRESS	11840 76TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33773	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, BARBARA B	
STREET ADDRESS	11840 76TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33773	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VCOO	<input type="checkbox"/> Delete
NAME	BIERENS, JACKIE M	
STREET ADDRESS	6326 30TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BIERENS, JACKIE M	
STREET ADDRESS	6326 30TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHMITT, BRIGITTE	
STREET ADDRESS	2748 52ND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CFO	<input type="checkbox"/> Delete
NAME	SCHMITT, BRIGITTE	
STREET ADDRESS	2748 52ND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/01 (727) 524-7803

CR2E034 (10/00)