

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90073 043 ***150.00

DOCUMENT # P00000101994

1. Entity Name

UNIPHY MANAGEMENT SYSTEMS, INC.

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

100 1ST AVENUE So.

Suite, Apt. #, etc.

335

3. Mailing Address

100 1ST AVENUE So.

Suite, Apt. #, etc.

335

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

EE 33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

22-3759496

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

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

7. Name and Address of New Registered Agent

Name

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

100 1ST AVENUE So.

Suite 335

City

ST. PETERSBURG

FL

Zip Code

33701

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, 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	PCEO	<input type="checkbox"/> Delete
NAME	BRADLEY, BARBARA B	
STREET ADDRESS	11840 76TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, BARBARA B	
STREET ADDRESS	11840 76TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	BIERENS, JACKIE M	
STREET ADDRESS	6326 30TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERENS, JACKIE M	
STREET ADDRESS	6326 30TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHMITT, BRIGITTE	
STREET ADDRESS	2748 52ND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SCHMITT, BRIGITTE	
STREET ADDRESS	2748 52ND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Barbara B. Bradley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 (727) 924-5423

Date

Daytime Phone #

CR2E034 (9/01)