

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 16, 2002 8:00 am
Secretary of State

08-16-2002 90001 039 ***550.00

DOCUMENT # P01000051502

1. Entity Name

UNIFIED SALES INC.

DO NOT WRITE IN THIS SPACE

974631

2. Principal Place of Business

2561 S. OCEAN BLVD

3. Mailing Address

2561 S. OCEAN DRIVE

Suite, Apt. #, etc.

SUITE 10

Suite, Apt. #, etc.

SUITE 10

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1103298

Applied For

Not Applicable

Zip

33432

Country

PALM BEACH

Zip

33432

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL SPENCER

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

2561 S. OCEAN DRIVE

SUITE 10

City

BOCA RATON

FL

Zip Code

33432

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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/P
NAME SPENCER, MICHAEL
STREET ADDRESS 2561 S. OCEAN DRIVE, #10
CITY - ST - ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME MATTISON, ALICIA
STREET ADDRESS 1567 PASSION VINE CIRCLE
CITY - ST - ZIP WESTON, FL 33326-3658

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Spencer*

MICHAEL SPENCER, PRES 07/31/02 954-434-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/13/02 Daytime Phone # 954-434-1981