

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91881 036 \*\*\*150.00

**DOCUMENT #** P01000051502

**1. Entity Name**  
UNIFIED SALES, INC.



**Principal Place of Business**  
2561 S OCEAN BLVD  
SUITE 10  
BOCA RATON FL 33432

**Mailing Address**  
2561 S OCEAN BLVD  
SUITE 10  
BOCA RATON FL 33432



**2. Principal Place of Business**

7860 PETERS RD  
Suite, Apt. #, etc.  
F-110  
City & State  
PLANTATION

**3. Mailing Address**

7860 PETERS RD  
Suite, Apt. #, etc.  
F-110  
City & State  
PLANTATION FL

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-1103298

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

Zip  
33324  
Country  
BROWARD

Zip  
33324  
Country  
BROWARD

**6. Name and Address of Current Registered Agent**

SPENCER, MICHAEL  
2561 S OCEAN BLVD  
SUITE 10  
BOCA RATON FL 33432

**7. Name and Address of New Registered Agent**

Name PAUL F SCHNEIDER  
Street Address (P.O. Box Number is Not Acceptable)  
7860 PETERS RD  
F-110  
City PLANTATION FL Zip Code 33324

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/03

**- FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPENCER, MICHAEL 2561 S OCEAN BLVD #10 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MATTISON, ALICIA 1567 PASSION VINE CIRCLE WESTON FL 33326-3658	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/29/03 : 954-880-0371  
Daytime Phone #

CR2E034 (10/02)