

Amended

09-15-2003 90155.029 ****61.25
P01000104093

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P01000104093

1. Entity Name

SECRETARIES UNLIMITED, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9428 Baymeadows Road

Suite, Apt. #, etc.

Suite 120

City & State
Jacksonville, FL

Zip
32256

Country
US

3. Mailing Address

9428 Baymeadows Road

Suite, Apt. #, etc.

Suite 120

City & State
Jacksonville, FL

Zip
32256

Country
US

4. FEI Number 69-0006222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Margaret L. Burgess

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

9428 Baymeadows Road, Suite 120

City Jacksonville

FL

Zip Code
32256

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
Meeks, Jack
9428 Baymeadows Rd., Suite 120
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Secretary
McGowan, Donna
9428 Baymeadows Rd., Suite 120
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/03/03

Date

Daytime Phone #

CR2E034B (12/02)