

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90135 030 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000056073

1. Entry Name
UNIPORT, INC.



90137321

Principal Place of Business
7221 HEMLOCK RD.
OCALA, FL 34472

Mailing Address
7221 HEMLOCK RD.
OCALA, FL 34472

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

27-0013616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENECHAL, STEPHANIE J
7221 HEMLOCK RD.
OCALA, FL, FL 34472

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

PCEO
RAMEY, REGGIE R
12015 MARINE DRIVE, #686
MARYSVILLE, WA 98271

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

ST
RAMEY, PATRICIA S
12015 MARINE DRIVE, #686
MARYSVILLE, WA 98271

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

V
STODDARD, CHARLES L
1098 PALMETTO ROAD
HAVERHILL, FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

VP
PYCHA, KATHERINE JEAN
7221 HEMLOCK ROAD
OCALA, FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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: **REGGIE R. RAMEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-03 (206) 930-4702

CR2034 (10/02)