

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000062904

1. Entity Name
UNITY SELECT SERVICES, INC.



Principal Place of Business
1500 W ATLANTIC BLVD STE 209
POMPANO BEACH, FL 33069

Mailing Address
1500 W ATLANTIC BLVD STE 209
POMPANO BEACH, FL 33069



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2044705

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

HCRM CORP.
2200 CORPORATE BLVD NW STE 401
BOCA RATON, FL 33431

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RHODES, MARIA F
STREET ADDRESS 1500 W ATLANTIC BLVD STE 209
CITY-ST-ZIP POMPANO BEACH, FL 33069

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01/12/04-80010-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Rhodes (Maria Rhodes) 1-7-04 954-946-241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #