

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

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

05-05-2003 91785 040 ***150.00

0660021 AV

DOCUMENT # P02000089303

1. Entity Name
C.T. UNICAM, INC.



Principal Place of Business
**2831 RINGLING BLVD STE D-113
SARASOTA FL 34237**

Mailing Address
**2831 RINGLING BLVD STE D-113
SARASOTA FL 34237**

11071071



2. Principal Place of Business

3. Mailing Address
9542 Knightsbridge Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORGAN, HUGH
2831 RINGLING BLVD STE D-113
SARASOTA FL 34237**

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

Hugh Morgan

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Colin Trickett**
STREET ADDRESS **9542 Knightsbridge Cir.**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Colin Trickett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03
Date

941-954-1812
Daytime Phone #

CR2E034 (10/02)