

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 002 ***150.00

DOCUMENT # P03000025973

1. Entity Name
U NAME IT, INC



Principal Place of Business
**14833 NORTH FLORIDA AVENUE
TAMPA, FL 33613**

Mailing Address
**14833 NORTH FLORIDA AVENUE
TAMPA, FL 33613**

40128643



2. Principal Place of Business - No P.O. Box # ☒
14932 N. FLORIDA AVE
Suite, Apt. #, etc.

3. Mailing Address ☒
14932 N. FLORIDA AVE
Suite, Apt. #, etc.

07232007 Chg-P CR2E034 (12/06)

City & State
TAMPA FLORIDA
Zip
33613
Country
HILLB.

City & State
TAMPA FLORIDA
Zip
33613
Country
HILLB.

4. FEI Number
59-3769390
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**H.B. ROSS & CO.
8801 HUNTERS LAKE DRIVE
SUITE 1023
TAMPA, FL 33647**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	P BAILEY, SUSAN V 2816 CEDARIDGE DR. TAMPA, FL 33618	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: Susan V. Bailey 7/31/07 813962 1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/31/07

ATTACHMENT 40128649
~~#~~PO3000025923

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: 2007 Corp. Annual Report

To Whom It May Concern:

I did not receive my Annual Corporate Report
Notice due to relocation of my business this year.

Please waive my late fee. I am enclosing
down-loaded copy of Report, showing new address,
with my check for \$150.00 renewal fee.

Thank You,

S.V. Bailey
U Name It
Ref# PO3000025923

cc: file