

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90004 017 ***150.00

40030360



DOCUMENT # P03000078372 1. Entity Name UNIMET CAB CO. INC							
Principal Place of Business Mailing Address 4251 SW 13 ST STE 9B GAINESVILLE, FL 32608		<div style="font-size: 24px; font-weight: bold;">40030360</div>					
2. Principal Place of Business - No P.O. Box # 4949 SW 41 BLVD				3. Mailing Address PO Box 140731			
Suite, Apt. #, etc. Ste # 30				Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06)			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 04-3768480		Applied For Not Applicable	
Zip 32608		Country USA		Zip 32614-0731		Country USA	
6. Name and Address of Current Registered Agent PAULAS, JOY 530 NE 10 ST GAINESVILLE, FL 32601				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 \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY ST ZIP P PAULAS, WILSON 4251 SW 13 ST STE 9B GAINESVILLE, FL 32608				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"/> Change <input type="checkbox"/> Addition			
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3-6-2007 Date Daytime Phone #			