

P03000078372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

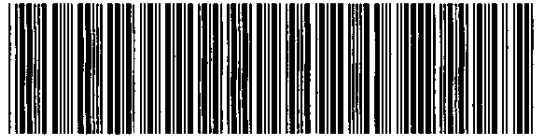
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIMET CAB CO. INC
(Name of Corporation)

DOCUMENT NUMBER: P03000078372

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILSON PAULAS
(Name of Contact Person)

UNIMET CAB CO. INC
(Firm/Company)

2802 NE 19th DRIVE
(Address)

GAINESVILLE, FL 32609
(City/State and Zip Code)

For further information concerning this matter, please call:

WILSON PAULAS at (352) 222-2358
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2009

WILSON PAULAS
2802 NE 19TH DRIVE
GAINESVILLE, FL 32609

SUBJECT: UNIMET CAB CO. INC
Ref. Number: P03000078372

We have received your document for UNIMET CAB CO. INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any changes that are made for the registered agent, must be added to part 6 of your form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 509A00014594



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2009

WILSON PAULAS
P.O. BOX 140731
GAINESVILLE, FL 32614

SUBJECT: UNIMET CAB CO. INC
Ref. Number: P03000078372

We have received your document for UNIMET CAB CO. INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any changes that are made for the registered agent, must be added to part 6 of your form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 509A00014594

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNIMET CAB CO INC
2. The principal office address: 2802 NE 19th DRIVE
GAINESVILLE FL 32609
3. The mailing address (if different): P.O. BOX 140731
GAINESVILLE, FL 32614
4. Date of incorporation/qualification: _____ Document number: P03000078372
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ALAND JOSEPH POLLAS
1909 SW 75th TERRACE
GAINESVILLE, FL 32607

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): _____

ALAND JOSEPH POLLAS

(P.O. Box NOT acceptable)

2802 NE 19th DRIVE GAINESVILLE, FL 32609

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Wilson Paulas
(Signature of an officer or director)

WILSON PAULAS PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Joseph Pollas
(Signature of Registered Agent)

4-6-09
(Date)

If signing on behalf of an entity:

Joseph ALAND Pollas
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)