

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P05000167846

1. Entity Name  
UNITY GENERAL DISTRIBUTORS III, INC.



Principal Place of Business  
13050 METRO PARKWAY  
FT. MYERS, FL 33912

Mailing Address  
13050 METRO PARKWAY  
FT. MYERS, FL 33912



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-4008271

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**

RUSO, ANTONIO  
13050 METRO PARKWAY  
FT. MYERS, FL 33912

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

000000385468

04/16/08-80015-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSO, ANTONIO 1830 SOUTH OCEAN DR. TOWER 2 UNIT 370 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUSO, IRMA 1830 SOUTH OCEAN DR. TOWER 2 UNIT 370 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUSO, OMAR 11055 NW 78 TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUSO, VANESSA 6806 N.W. 113 CT DONAL, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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