

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Unified Enterprises Inc.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90115 022 ***158.75

Principal Place of Business

Mailing Address

UNIFIED ENTERPRISES, INC.
29296 US Highway 19 N
Suite 104
Clearwater, FL 33761
(727)787-5800 Fax 785-5528

2. Principal Place of Business

3. Mailing Address

29296 US Hwy 19 No

Suite, Apt. #, etc.

#104

City & State

Clearwater

FL

Country

Pinellas

UNIFIED ENTERPRISES, INC.
29296 US Highway 19 N
Suite 104
Clearwater, FL 33761
(727)787-5800 Fax 785-5528

Zip

Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3167348

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LAW OFFICES OF
DAVID A. SHARP
24701 U.S. Hwy 19 N., Suite 104
Clearwater, FL 33763

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME JAN Rios - Pres
STREET ADDRESS 29296 US Hwy 19 North
CITY-ST-ZIP Clearwater FL 33731

TITLE ☐ Delete
NAME Marianne Sharp VP
STREET ADDRESS 29296 US Hwy 19 ST
CITY-ST-ZIP Clearwater FL 33731

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00

727 7875800

CR2E034 (9/99)