

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90263 044 \*\*\*158.75

DOCUMENT #

1. Entity Name

UNIFIED ENTERPRISES, INC.

P9300001313

Principal Place of Business

29296 US HWY 19  
Suite 104  
Clearwater, FL 33761

Mailing Address

29296 US Hwy 19  
Suite 104  
Clearwater, FL 33761

2. Principal Place of Business

29296 US Hwy 19

3. Mailing Address

29296 US Hwy 19

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3167348

Applied For

Not Applicable

Zip

33761

Country

Pinellas

Zip

33761

Country

Pinellas

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

6. Name and Address of Current Registered Agent

Sharp, David A. Esq.  
24701 US Hwy 19  
Suite 104  
Clearwater, FL 34623

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.

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, 2001 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: PV  
NAME: RIOS, JAN  
STREET ADDRESS: 29296 US Hwy 19 No  
CITY-ST-ZIP: Clearwater, FL 33761 ☐ Delete

TITLE: ST  
NAME: Marianne Sharp  
STREET ADDRESS: 29296 US Hwy 19 North  
CITY-ST-ZIP: Clearwater, FL 33761 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marianne Sharp

4/30/01

727 787-5800

CR2E034 (11/00)