

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90435 042 ***150.00

DOCUMENT # P93000068986

1. Entity Name
UNIMATION, INC.

Principal Place of Business
**5877 ENTERPRISE PKWY
FORT MYERS FL 33905**

Mailing Address
**5877 ENTERPRISE PKWY
FORT MYERS FL 33905**

2. Principal Place of Business
5877 Enterprise Pky

3. Mailing Address
5877 Enterprise Pky

Suite, Apt. #, etc.

City & State
Fort Myers, FL 33905

City & State
Fort Myers, FL 33905

Zip
33905

Country
LEE

Zip
33905

Country
Lee

4. FEI Number **65-0455926**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEDAL, JAMES
5877 ENTERPRISE PKWY
FORT MYERS FL 33905**

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 *James Medal* **James Medal-Secretary** **February 22, 2001**

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 **P** ☐ Delete
NAME **LANGDON, HOWARD S**
STREET ADDRESS **11800 FRANKLIN AVENUE**
CITY-ST-ZIP **FRANKLIN PARK IL**

TITLE **S** ☐ Delete
NAME **JAMES, MEDAL**
STREET ADDRESS **5877 ENTERPRISE PKWY**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **D** ☐ Delete
NAME **LANGDON, HOWARD S**
STREET ADDRESS **11800 FRANKLIN AVENUE**
CITY-ST-ZIP **FRANKLIN PARK IL**

TITLE **D** ☐ Delete
NAME **MEDAL, JAMES**
STREET ADDRESS **5877 ENTERPRISE PKWY**
CITY-ST-ZIP **FORT MYERS FL 33905**

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
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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 with an address, with all other like empowered.

SIGNATURE: *James Medal* **James Medal-Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22, 2001

Date Daytime Phone #

CR2E034 (10/00)