

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90130 047 ***550.00

DOCUMENT # P93000068986

1. Entity Name
UNIMATION, INC.



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

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



2. Principal Place of Business
5869 ENTERPRISE PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
5869 ENTERPRISE PARKWAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS FL
Zip
33905 Country

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FORT MYERS FL
Zip
33905 Country

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 **HOWARD S. LANGDON**
Street Address (P.O. Box Number is Not Acceptable)
12187 NORTH CIRCLE
City **N. PALM BEACH** FL Zip Code **33408**

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 **Howard S. Langdon** **HOWARD LANGDON**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9-3-03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGDON, HOWARD S 11800 FRANKLIN AVENUE FRANKLIN PARK IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, MEDAL 5877 ENTERPRISE PKWY FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGDON, HOWARD S 11800 FRANKLIN AVENUE FRANKLIN PARK IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDAL, JAMES 5877 ENTERPRISE PKWY FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Howard S. Langdon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03 **630-766-5000**
Date Daytime Phone #

CR2E034 (4/03)