

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016373

1. Entity Name

UNICORN FUNDING INTERNATIONAL, INC.

FILED

00 JUN 23 AM 11:45

SECRETARY OF STATE
TAL 00059563 FLORIDA

Principal Place of Business

Mailing Address

6504 US 41 NORTH
APOLLO BEACH FL 33572
US

P.O. BOX 3667
APOLLO BEACH FL 33572-3667
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3221350

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

DIRCKS, TOMMI G CPA
4818 BLOOMINGDALE AVE
VALRICO FL 33594

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 fee 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 D ☐ Delete
NAME CORR, PATRICIA L
STREET ADDRESS PO BOX 3667
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE D ☐ Delete
NAME BROWN, TOM J
STREET ADDRESS 1005 SYMPHONY ISLES BLVD
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 600003327556-5

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP -07/19/00-0000-0000
***150.00 ***150.00

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

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

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 owner 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 information.

SIGNATURE:

Patricia L. Corr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-2000 813-645
1215

Date

Daytime Phone #