

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90066 020 ***150.00

DOCUMENT # P94000016373

1. Entity Name
UNICORN FUNDING INTERNATIONAL, INC.

Principal Place of Business

6504 US 41 NORTH
 APOLLO BEACH FL 33572
 US

Mailing Address

P.O. BOX 3667
 APOLLO BEACH FL 33572
 US

2. Principal Place of Business

840 SIGNET DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FL

Zip
33572

Country
HILLSB.

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 *Patricia L. Corr*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA L. CORR

Date

Daytime Phone #

4-26-2001 813 645 1215

CR2E034 (10/00)