

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northcott
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040151 (0)

1. Corporation Name

UNIFY FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

3. Filing Date (Month/Day/Year) 05/27/1994	3b. Filing Method ☐ By Mail ☐ In Person
4. Filing Fee 65-0495231	Agency Fee ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Type Fund Contribution: ☐ \$5.00 May Be Added to Fees	
8. This corporation has had only for incorporation for one (1) year. Florida Statute: ☒ ☐ No	

2. Principal Place of Business % PEPPER, 1515 UNIVERSITY DR., #114 CORLA SPRINGS FL 33071		2a. Mailing Address % PEPPER, 1515 UNIVERSITY DR., #114 CORLA SPRINGS FL 33071	
21. State of Incorporation	26. State of Incorporation	22. City & State	27. City & State
23. Zip	28. Zip	24. Zip	29. Zip
25. Zip	30. Zip		

9. Name and Address of Current Registered Agent

**KRESH, LEONARD
% PEPPER, 1515 UNIVERSITY DR., #114
CORLA SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number or Post Office)
83. City
84. State **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address indicated in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the responsibilities of Section 601.01, Florida Statutes.

SIGNATURE

Signature of Officer or Director (Print Name and Title) Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME D KRESH, LEONARD	1. NAME	1. NAME	☐ Change ☐ Addition
STREET ADDRESS % PEPPER, 1515 UNIVERSITY DR., #114	2. STREET ADDRESS	2. STREET ADDRESS	☐ Change ☐ Addition
CITY CORLA SPRINGS FL 33071	3. CITY	3. CITY	☐ Change ☐ Addition
STATE FL	4. STATE	4. STATE	☐ Change ☐ Addition
ZIP 33071	5. ZIP	5. ZIP	☐ Change ☐ Addition
NAME % PEPPER, 1515 UNIVERSITY DR., #114	6. NAME	6. NAME	☐ Change ☐ Addition
STREET ADDRESS CORLA SPRINGS FL 33071	7. STREET ADDRESS	7. STREET ADDRESS	☐ Change ☐ Addition
CITY CORLA SPRINGS FL 33071	8. CITY	8. CITY	☐ Change ☐ Addition
STATE FL	9. STATE	9. STATE	☐ Change ☐ Addition
ZIP 33071	10. ZIP	10. ZIP	☐ Change ☐ Addition
NAME % PEPPER, 1515 UNIVERSITY DR., #114	11. NAME	11. NAME	☐ Change ☐ Addition
STREET ADDRESS CORLA SPRINGS FL 33071	12. STREET ADDRESS	12. STREET ADDRESS	☐ Change ☐ Addition
CITY CORLA SPRINGS FL 33071	13. CITY	13. CITY	☐ Change ☐ Addition
STATE FL	14. STATE	14. STATE	☐ Change ☐ Addition
ZIP 33071	15. ZIP	15. ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 601.01(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on the 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 601, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Leonard Kresh
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/30/95

305-975-0706