

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90088 018 ***150.00

DOCUMENT # P94000076845

1. Entity Name
UNICOM SERVICES, INC.



Principal Place of Business
**106 W. LAUMAN STREET
MT. HOLLY SPRINGS PA 17065**

Mailing Address
**106 W. LAUMAN STREET
MT. HOLLY SPRINGS PA 17065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL 33548-8129

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0531964**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OVERSTREET, JIMMY E
8016 GREENSHIRE DRIVE
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name **JIMMY E OVERSTREET**

Street Address (P.O. Box Number is Not Acceptable)

820 CRENSHAW LAKE RD

City **LUTZ**

FL

Zip Code
33548

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVERSTREET, JIMMY E 106 W. LAUMAN ST. MT. HOLLY SPRINGS PA 17065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OVERSTREET, EVA N 106 W. LAUMAN ST. MT. HOLLY SPRINGS PA 17065 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
JIMMY E. OVERSTREET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

717 486 8446

Date

Daytime Phone #

CR2E034 (10/02)