

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90004 019 ***150.00

DOCUMENT # P96000093311 1. Entity Name UNIMET TRANSPORT SERVICES, INC.			
Principal Place of Business 4251 SW 13TH STREET 9B GAINESVILLE, FL 32608		Mailing Address 4251 SW 13TH STREET 9B GAINESVILLE, FL 32608	
2. Principal Place of Business - No P.O. Box # 4949 SW 41 BLVD Suite, Apt. #, etc. Suite # 30 City & State GAINESVILLE, FL Zip 32608 Country USA		3. Mailing Address P.O. Box 140731 Suite, Apt. #, etc. City & State GAINESVILLE, FL Zip 32614-0731 Country USA	
4. FEI Number 59-3439214		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02282007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PAULAS, JOY 530 NE 10TH STREET GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 PAULAS, WILSON 530 NE 10TH ST GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	<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 exemptions contained in Chapter 119, 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: <u><i>Wilson Paulas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-6-07 <small>Date Daytime Phone #</small>	

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