

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090088

1. Entity Name

UNISOURCE INTERNATIONAL, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90278 038 ***150.00

Principal Place of Business

Mailing Address

418 N. DONNELLY STREET
MT. DORA FL 32757

418 N. DONNELLY STREET
MT. DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3546578

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LANDRON, YOLANDA
1151 POST LAKE PLACE #303
APOPKA FL 32703

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 title 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, 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 T ☐ Delete
NAME LANDRON, YOLANDA
STREET ADDRESS 418 N DONNELLY ST
CITY-ST-ZIP MT DORA FL 32757

PRESIDENT / TREASURER ☒ Change ☐ Addition
NAME YOLANDA LANDRON
STREET ADDRESS 418 N. DONNELLY STREET
CITY-ST-ZIP MT DORA FL 32757

TITLE VP ☐ Delete
NAME REESE, RUSSELL
STREET ADDRESS 1151 POST LAKE PLACE #303
CITY-ST-ZIP APOPKA FL 32709

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

TITLE P ☒ Delete
NAME CANDRON, ANGEL M
STREET ADDRESS 418 N DONNELLY STREET
CITY-ST-ZIP MOUNT DORA FL 32757

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

TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
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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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-01 (352) 735-5069

CR2E034 (10/00)