

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017063

1. Entity Name

UNOSOFT, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90051 027 \*\*\*150.00

Principal Place of Business

Mailing Address

6560 126TH AVENUE N.  
LARGO FL

6560 126TH AVENUE N.  
LARGO FL 33773-1834

2. Principal Place of Business

3. Mailing Address

c/o Perfectly Balanced Books.

c/o Perfectly Balanced Books

Suite, Apt. #, etc.

Suite, Apt. #, etc.

133 Gaeden Ave N

133 Gaeden Ave North

City & State

City & State

Cleawater FL

Cleawater FL

Zip

Country

Zip

Country

33755

USA

33755

USA

4. FEI Number

59-3557770

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

KNAUST, WARREN J ESQ.  
2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712

Name

Perfectly Balanced Books - Teery Tinkelenberg

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

133 Gaeden Ave No

City

Cleawater

FL

Zip Code

33755

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

*Teery Tinkelenberg* Teery Tinkelenberg Accounts Executive

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/00

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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
OSBORNE, KEVIN  
C/O 2730 CENTRAL AVENUE  
ST. PETERSBURG FL 33712

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Teery Tinkelenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28<sup>TH</sup> JANUARY 00

727 392 0