

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072580

1. Entity Name  
UNITY TELECOMMUNICATIONS, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 17 PM 12: 25

Principal Place of Business

7831 TREASURE POINT DR  
PORT RICHEY FL 34668

Mailing Address

7831 TREASURE POINT DR  
PORT RICHEY FL 34668

2. Principal Place of Business

7831 Treasure Point Dr

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey, FL

City & State

Zip

34668

Country

PASCO

Zip

Country

4. FEI Number 59-3629391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCABE, RONALD D  
7831 TREASURE POINT DR  
PORT RICHEY FL 34668

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

*Ronald D. McCabe*

PRESIDENT

4-25-01

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 **D** ☐ Delete  
NAME **MCCABE, RONALD D**  
STREET ADDRESS **7831 TREASURE POINT DR.**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE **VP** ☐ Delete  
NAME **MCCABE, ALEXIS**  
STREET ADDRESS **7831 TREASURE POINT DR.**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition  
NAME **800004416778--3**  
STREET ADDRESS **-06/13/01-01008-008**  
CITY-ST-ZIP **\*\*\*150.00 \*\*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Ronald D. McCabe*

4-25-01

727-815-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0424103

CR2E034 (10/00)