

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA9000072500
1. Entity Name
Unity TELECOMMUNICATIONS, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5171 JENSON AVE.
Suite, Apt. #, etc.

3. Mailing Address
5171 JENSON AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FL
Zip
34608 Country
USA

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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**

7. Name and Address of Current Registered Agent

Name
RON McCabe
Street Address (P.O. Box Number is Not Acceptable)
5171 JENSON AVE.

City Spring Hill FL Zip Code
34608

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 Ron McCabe RON McCabe
President 4-13-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
RONALD McCabe
5171 JENSON AVE
SPRING HILL, FL, 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE President
ALEXIS McCabe
5171 JENSON AVE
Spring Hill, FL, 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ron McCabe RON McCabe President 4-13-02 352-686-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)