

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000031317

**Entity Name:** UFAUXREA, INC.

**Current Principal Place of Business:**

416 S. HWY 393  
#5.4  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

416 S. HWY 393  
#5.4  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 26-4615907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VIND, KRISTA  
770 N. CHURCH ST  
SANTA ROSA BEACH, FL 32459 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PS  
Name VIND, KRISTA  
Address 770 N. CHURCH ST  
City-State-Zip: SANTA ROSA BEACH FL 32459

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTA VIND

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date