Set MAN FT   120 Mun ST     Set 2 A & Kor 3   ST 2 2 A D & Kor 3     Set 2 A & Kor 3   ST 2 2 A D & Kor 3     Set 2 A & Kor 3   ST 2 2 A D & Kor 3     Set 2 A & Kor 3   St 2 A D & Kor 3     Set 2 A & Kor 3   St 2 A D & Kor 3     Set 2 A & Kor 3   St 2 A D & Kor 3     Set 2 A & Kor 3   St 2 A D & Kor 3     Set 2 A & Kor 3   St 2 A D & Kor 3     Set 3 A & Kor 3   St 2 A D & Kor 3     Set 3 A M & St 2 A D & Kor 3   St 2 A D & Kor 3     Set 3 A M & Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A Kor 3   St 2 A D & Kor 3     Set 3 A D & Kor 3   St 2 A D & Kor 3 </th <th>DOCUN 1. Entity Name</th> <th>UNIFORM BUSI MENT # F35270 CORPORATION</th> <th>NESS REPO</th> <th>RT (UBR)</th> <th>FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90110 023 ***150.00</th>	DOCUN 1. Entity Name	UNIFORM BUSI MENT # F35270 CORPORATION	NESS REPO	RT (UBR)	FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90110 023 ***150.00
Suite: Act. #. Act. Suite: Act. #. # UK DD ACT WHILE IN LINES SPACE   City 6 State City 6 State City 6 State ACT Foundary SP 2129007 Rex Applicable   Zip Country Zip Country Zip Country State Service State Service   ZaFAR, MUHAMMAD,M' Zip Country State Service State Service State Service   ZaFAR, MUHAMMAD,M' Image and Address of Norr Registered Agent Image and Address of Norr Registered Agent State Service State Service   ZaFAR, MUHAMMAD,M' Image and Address of Norr Registered Agent   ZaFAR, MUHAMMAD,M' Image and Address of Norr Registered Agent   Address Norr Registered Agent Image and Address of Norr Registered Agent Image and Address of Norr Registered Agent Image address of Norr Registered Agent   State Address International Internatinternatinternational International International Internatinternat	Principal Place of Business 1243 MAIN ST STE 2 P.O. BOX 791 CHIPLEY FL 32428 US		1234 MAIN ST STE 2 P.O. BOX 791 CHIPLEY FL 32428		
City & State 4. F21 Number S9-2120007 Applet 11 Number 11 Numbe	2. Principal Place of Business Suite, Apt. #, etc.				
2.p   Country   2/p   Country   2/p   Country   S. CaritGords   Fig. 75 Additional     2.APA   Fig. 75 Additional   Fig. 75 Additional   Fig. 75 Additional   Fig. 75 Additional     2.APA   NUMAMMAD (J ' J. 1245 MAN STREET STE 2 P.O. BOX 800: 761 CHIPLEY FL 32428   Image: Chip additional   Fig. 70 Additional   Fig. 70 Additional     8. The above named entry submits the statement for the purpose of changing is registered direct registered adject. Fig. 200 adject. 200 adject. Fig. 200 adject. 200 adject.	·				
A. Name and Address of Current Registered Agent ZAFAR, MUHAMMAD D'	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
ZAFAR, NUHAMMAD, B' Image: Second Second Price   1243 MAN STREET STE 2 P.O. BOX Sold 761   CHPLEY FL 32428 PO   6. The accore named entry submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida   SIGVATURE Signature for the accore named entry submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida   SIGVATURE Signature for the second registered agent, for both, in the State of Florida   SIGVATURE Signature for the second registered agent, for both, in the State of Florida   SIGVATURE Signature for the second registered agent, for both, in the State of Florida   SIGVATURE Signature for the second registered agent, for both, in the State of Florida   SIGVATURE Signature for the second registered agent, for both, in the State of Florida   SIGVATURE Signature for the second registered agent, for both, in the State of Florida   Signature for the second registered agent, for both, in the State of Florida Signature for the second registered agent, for both, in the State of Florida   11 OH OH PLE NOW!!! FE IS \$150.00 10.   12 ADDITIONS/CHANCES TO OFFICER AND DIRECTORS IN 11 Signature for the second registered agent, fo		6. Name and Address of Current	Registered Agent		Fee Required
Bit addee for the of a street and and street and a street and and street and a street and	1243 P.O. CHIP	MAIN STREET STE 2 BOX.608-791 LEY FL 32428	r the purpose of changing its	<u> </u>	s (PO BOX/Number is Not Scentable) STE 2 Nox 791 ipley FL Zip Code 32428
Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   10. Election Campaign Financing Added to Fase     11   OPFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ID INFECTORS ID INFECTORS ID INFECTORS IN IDIRECTORS I		Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registèred Agent signature requ	DATE
TITLE   VD   Delete   TITLE   Change   Addition     NAME   MUHAMMAD, IDREES MD   NAME   NAME   NAME   Change   Addition     TITLE   D   PALMBAY, FL 00000   Diffee   Diffee   Diffee   Addition     TITLE   D   Addition   Delete   TITLE   Change   Addition     STRET ADDRESS   CITY-ST-ZP   Diffee   Diffee   Addition     STRET ADDRESS   TITLE   Delete   TITLE   Addition     STRET ADDRESS   TITLE   CITY-ST-ZP   CITY-ST-ZP   Addition     TITLE   D   Delete   TITLE   Addition   Addition     STRET ADDRESS   TITLE   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP     TITLE   PO   Delete   TITLE   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP     TITLE   PO   CHIPLEY FL   Delete   TITLE   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP     TITLE   Delete   TITLE   NAME   SITEET ADDRESS   CITY-ST-ZP   CITY-ST-ZP	Tax filing r	equirement and elects to do so.	After MAY 1, 20	01 Fee will be \$550.0	U Trust Fund Contribution
SIRE: ADDRESS   T12 SY ØELLAHRE JANE   SIRE: ADDRESS     OTY-ST-2P   DALMBAY, FL 00000   OTY-ST-2P     TITLE   D   Deleta   TITLE     NAME   ZAFAR, SHADAB   Ittle   Change   Addition     SIRE: ADDRESS   1554 SOUTH BLVD   STREET ADDRESS   CHIPLEY FL   Change   Addition     TITLE   PD   Deleta   TITLE   CHIPLEY FL   Change   Addition     TITLE   PD   Deleta   TITLE   Change   Addition     NAME   ZAFAR, MUHAMMAD I   STREET ADDRESS   CHIPLEY FL   Change   Addition     STREET ADDRESS   1243 MAIN STREET STE 2   STREET ADDRESS   CHIPLEY FL   Change   Addition     NAME   STREET ADDRESS   CHIPLEY FL   Change   Addition     NAME   STREET ADDRESS   STREET ADDRESS   CHIPLEY FL   Change   Addition     NAME   STREET ADDRESS   CHIPLEY FL   Change   Addition   NAME   STREET ADDRESS   CHIPLEY FL   Change   Addition     NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CHIPLEY FL					
NAME   CAFAR, SHAUAB   NAME     INAME   StS4 SOUTH BLVD   StS4 SOUTH BLVD     CHPLEY FL   CHPLEY FL   CHPLEY FL     ITLE   PD   Dalete   TTLE     NAME   ZAFAR, MUHAMMAD I   MAME   MAME     STRET ADDRESS   CHPLEY FL   Change   Addition     ITLE   Dalete   TTLE   MAME     STRET ADDRESS   CHY-ST-2P   CHPLEY FL   Change   Addition     ITTLE   Dalete   TTLE   Change   Addition     NAME   Dalete   TTLE   Change   Addition     NAME   CHY-ST-2P   CHY-ST-2P   Change   Addition     TITLE   Dalete   TTLE   Change   Addition     NAME   CHY-ST-2P   CHY-ST-2P   Change   Addition     TITLE   Dalete   TTLE   Change   Addition     NAME   CHY-ST-2P   CHY-ST-2P   Change   Addition     TITLE   Dalete   TTLE   Change   Addition     NAME   STRET ADDRESS   CHY-ST-2P   CHange   Addition	NAME STREET ADDRESS	MUHAMMAD, IDREES MD 112 SW BELLAIRE LANE	L Delete	NAME STREET ADDRESS	Change Addition
NAME   ZAFAR, MUHAMMAD I     STREET ADDRESS   1243 MAIN STREET STE 2     CITY-ST-2P   CHIPLEY FL     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-2P   CHIPLEY FL     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-2P   CITY-ST-2P     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-2P   CITY-ST-2P     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-2P   CITY-ST-2P     TITLE   NAME     STREET ADDRESS   CITY-ST-2P     CITY-ST-2P   Change   Addition     NAME   STREET ADDRESS   CITY-ST-2P     TITLE   NAME   STREET ADDRESS     CITY-ST-2P	NAME STREET ADDRESS	ZAFAR, SHADAB 1554 SOUTH BLVD	Delete	NAME STREET ADDRESS	Change Addition
NAME   STREET ADDRESS   CITY-ST-ZIP     TITLE   Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     TITLE   Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     TITLE   Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     TITLE   Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     TITLE   NAME   STREET ADDRESS     CITY-ST-ZIP   CITY-ST-ZIP   Change     Addition   NAME   STREET ADDRESS   CITY-ST-ZIP     STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   Change     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 of the receiver or trustee empowered to execute th	NAME STREET ADDRESS	ZAFAR, MUHAMMAD I 1243 MAIN STREET STE 2	Delete	NAME STREET ADDRESS	Change Addition
NAME   I block   NAME     STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-ZIP   Change     Addition     NAME     STREET ADDRESS     CITY-ST-ZIP     ITTLE     Delete     TITLE     NAME     STREET ADDRESS     CITY-ST-ZIP     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   STOLG 34, 7623, 763, 763, 763, 763, 7643, 7643, 7643, 7643, 7643, 7643, 7643, 7643, 7643, 7643, 7643,	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	Change Addition
NAME NAME   STREET ADDRESS STREET ADDRESS   CITY-ST-ZIP STREET ADDRESS   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: Y-24-01 STD 63 & 7623   BIGNATURE: SIGNATURE OF PRIVIED RAME OF SIGNING OFFICER OR DIRECTOR Date	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	Change Addition
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:   Y=24-01   STO 63 & 7623     SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #	NAME STREET ADORESS		Delete	NAME STREET ADDRESS	Change Addition
	of the cor changed	on this report or supplemental report i rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that to owered to execute this report	ny signature shall have the as required by Chapter I	he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
Muhammad I. ZaFar, Pres.	SIGNAT	SIGNATURE AND TYPED OR	U _		<u>7-24-01</u> 8006387623 Date Daytime Phone #