FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 19, 2000 8:00 an **DOCUMENT # G54605 Secretary of State** 1. Entity Name U & U SALES COMPANY, INC. 02-19-2000 90008 031 ***150.00 Mailing Address Principal Place of Business % LARRY R. UNTERFER % LARRY R. UNTERFER -C0020120 1610 LARK LANE 1610 LARK LANE BRANDON FL 33510-4039 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied [City & State 4. FEI Number City & State 59-2315459 Not A.... Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNTERFER, LARRY R. Street Address (P.O. Box Number is Not Acceptable) 1610 LARK LANE **BRANDON FL 33510** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to F Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Delete TITLE TITLE NAME UNTERFER, LARRY R NAME STREET ADDRESS STREET ADDRESS 1610 LARK LANE CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 00000 ☐ Change ☐ Delete TITLE - TITLE UNTERFER, KATHRYN J. NAME NAME STREET ADDRESS 1610 LARK LANE STREFT ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRANDON FL** Change Delete TITLE TITLE NAME ---NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the 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 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 standard or on an attachment with an address, with all other title empowered.

with an address, with all other ike empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR