**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 26, 2002 8:00 am Secretary of State **DOCUMENT #** G54605 1. Entity Name U & U SALES COMPANY, INC. 02-26-2002 90074 019 \*\*\*150.00 Principal Place of Business Mailing Address % LARRY R. UNTERFER % LARRY R. UNTERFER 1610 LARK LANE 1610 LARK LANE BRANDON FL 33510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2315459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNTERFER, LARRY R. Street Address (P.O. Box Number is Not Acceptable) 1610 LARK LANE **BRANDON FL 33510** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Addition TITLE ☐ Delete UNTERFER, LARRY R NAME NAME STREET ADDRESS 1610 LARK LANE STREET ADDRESS BRANDON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE SD TITLE UNTERFER, KATHRYN J. NAME NAME STREET ADDRESS 1610 LARK LANE STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

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UNTERFER 1-7-02 813-689.762