2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

Feb 23, 2000 8:00 am **DOCUMENT # J05786** Please NOTE 3 1. Entity Name UNIQUE BUILDERS INTERNATIONAL, I: UNique Builders. Frincipal Place of Business 61 GRAND NATIONAL DR Amended to: **Secretary of State** 02-23-2000 90026 022 ***150.00 Principal Place of Business 7061 GRAND NATIONAL DR RAADCORPINC 121 ORLANDO FL 32819 US 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2874615 Not Applicable 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 Name A WINDSOIL HILL DR RAAD, MAT T Street Address (P.O. Box Number is Not Acceptable) 2614 WINDSOUR HILL DR WINDERMERE FL 34786 Zip Code City FL 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 little if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00. 10:-Etection Campaign Financing \$5.00 May Be -Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE RAAD, MAT T NAME 2614 WINDSOR HILL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

2/10/00 407-3542126