FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

4215 NW 10TH ST

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

30

81 Name

DOCUMENT # **J48234**

UNIQUE SOFTWARE SOLUTIONS, INC.

GAINESVILLE FL 32609 GAINESVILLE FL 32609 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 23 28 Country Country Zip Zip

29

9. Name and Address of Current Registered Agent

Mailing Address

4215 NW 10TH ST

FILED Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90001 008 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

12/22/1986 4. FEI Number

59-2755670

4215 N.W. 105H STREET			82	Street Address (P.O. Box Number is Not Acceptable)					
			83	·					
			84	City			F	85 Zip C	ode ' '
office or re agent. I as	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such om familiar with, and accept the obligations of, Section to	nance was audionz	eu by ii	named co ne corpora	rporation submits ation's board of di	this statement rectors. I hereb	for the purpose of accept the app	of changing its ointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Register	ed Agent	ignature requ	rired when reinstating)		DATE		50 IN 40
12.	OFFICERS AND DIRECTORS	1;	3.		ADDITIO	NS/CHANGES	TO OFFICERS A		
TITLE	Р	☐ DELETE 1.1	TITLE					Change	☐ Addition
NAME	DUENAS, JOSEPH ROY	1.2	NAME						
STREET ADDRESS	4215 NW 10TH ST	1.3	STREET	DDRESS					
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-	ZIP					
TITLE		DELETE 2.1	TITLE					☐ Change	☐ Addition
NAME		2.2	NAME						
STREET ADDRESS		2.3	STREET	ADDRESS					
CITY-ST-ZIP			4 CITY-ST	ZIP			<u> </u>		☐ Addition
TITLE		☐ DELETE 3.1	TITLE					☐ Change	Addition
NAME		3.2	NAME						
STREET ADDRESS		3.3	STREET	ADDRESS				. , ,	
CITY-ST-ZIP	<u></u>		. CITY-ST	-ZiP			. · · · · · · · · · · · · · · · · · · ·		Addition
TITLE		☐ DELETE 4.1	TITLE			•	,	☐ Change	. Magagon
NAME		4.	2 NAME						
STREET ADDRESS		4.3	STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	ZIP					☐ Addition
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NAME			2 NAME						
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CITY-ST-ZIP			CITY-ST	ZIP				[] Change	Addition
TITLE		ب محدد	TITLE					☐ change	
NAME			2 NAME						
STREET ADDRESS		6.3	3 STREET	ADDRESS					
			4 CITY-ST			(A) (A) (A) (A)	1 1 1 1 1 1 6 ml	namific that the	information
14 I hereby	certify that the information supplied with this filing does	not qualify for the e	exemption	on stated i	in Section 119.07	(3)(i), Florida S	tatutes. I further (certify that the	mormation

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME GREGORING OFFICER OR DIRECTOR

01-26-99

352-376-4130

Daytime Phone