

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48234

1. Entity Name

UNIQUE SOFTWARE SOLUTIONS, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90079 049 ***150.00

Principal Place of Business

Mailing Address

4215 NW 10TH ST
GAINESVILLE FL 32609
US

4215 NW 10TH ST
GAINESVILLE FL 32609-1851
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2755670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUENAS, H. MARUJA
4215 N.W. 105H STREET
GAINESVILLE FL 32609

Name ROY JOSE DUENAS

Street Address (P.O. Box Number is Not Acceptable)

4215 NW 10TH St

City GAINESVILLE

FL

Zip Code 32609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

Roy Jose Duenas

Feb-27-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DUENAS, JOSEPH ROY
STREET ADDRESS 4215 NW 10TH ST
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME ROY JOSE DUENAS
STREET ADDRESS 4215 NW 10TH ST
CITY-ST-ZIP GAINESVILLE FL 32609

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-27-2000

Date

Daytime Phone #

352-376-4130

CR2E034 (9/99)