	1 UNIFORM BU IMENT # J48234			(021)		01-19-2001	1 009 *** 150	.00
1. Entity Name UNIQUE SOFTWARE SOLUTIONS, INC.					OI JAN 19 PM 4: 07			
						SECRETARY	Z DE STATE	
Principal Plac	ce of Business	Mailing Address			•	TALLAHASSI	EE FLORID	A
Principal Place of Business IZ15 NW 10TH ST 3AINESVILLE FL 32609 US		4215 NW 10TH ST GAINESVILLE FL 32609 US						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		•	•	DO NOT WRITE IN	THIS SPACE	
City & Sta	ate	City & State	<u> </u>	<u> </u>	4. FEI Number	59-2755670	} 	oplied For ot Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired	\$8.75 Add	
	6. Name and Address of Curre	ent Registered Agent			7. Name and Ad	Idress of New Regis		
				Name Jos	EPH K	2° × D	UENAS	;
				Street Address (F	O. Box Number is			
				1216	\$17. X 17	OTH St	·-···	·
				City		<u> </u>	ZitoCod	6 6 50
	<u></u>			GAIN	ESVILLE			609
8. The above	e named entity submits this statemen	at for the ournose of changing.	en comintoes					
		a for the porpose or origing	es registere	ed office or registers	ed agent, or both, i	in the State of Hiorida.		Ī
		a for the purpose of ortaliging	es registere	ed office or registers	ed agent, or both, i	in the State of Florida.		2001
SIGNATURE	Signature, typed or printed name if registered a			ed office or registere		in the State of Florida.) - () - 1 - DATE	. 2001
	Signature typed or printed name if registered a	occomid title il applicable (M	OTE: Registere		when reinstating)		DATE TO THE	
9. This corp	Space a trood or printed name if registered a coration is eligible to satisfy its Intang prequirement and elects to do so.	Ible FILE NOV	VIII FEE	id Agent signature required (IS.\$150.00) will be \$550.00 %	when reinstating) 10. Election Trust	on Campaign Financi	DATE \$5.0	2001 00 May Be
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Interest certify that the information supplied with this limit does not quality for the exemption stated in Section 118.07(3)(f). Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Intriner 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 call; 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:

THE AND LOCK OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

01-07-2001 (352)376 4130