2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114704

1. Entity Name U2, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90154 003 ***150.00

Suite Apt. 4, etc. Suite Apt. 4, etc. Suite Apt. 4, etc. Suite Apt. 4, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S.75 Additional Fee Required T. Name and Address of New Registered Agent UNRUH, HUGO 222 LAKEVIEW AVE, SUITE 800 WEST PALM BEACH FL 33401 City FL Zip Code 8. The above name entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent. Signature, head or prime name or englated agent and the repolation. Signature, head or prime name or englated agent and the repolation. TILE After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State DIRECTIONS. INCE. Repotential Agent septiation agent and the repolation. INCE. Repotential Agent septiation. Signature, head or prime name or englated agent and the repolation. Signature (Prime Name) Signature (Prime Name) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State DIRECTIONS. INCE. Repotential Agent septiation agent and the repolation. Signature (Prime Name) Signature (Prime	Principal Place of Business C/O UNRUH CONSULTING. INC. 222 LAKEVIEW AVE SUITE 800 WEST PALM BEACH FL 33401				Mailing Address C/O UNRUH CONSULTING. INC. 222 ŁAKEVIEW AVE., SUITE 800 WEST PALM BEACH FL 33401								
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Zip Country Zip Country S. Certificate of Status Desired Sea. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name UNRUH, HUGO 222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH FL 33401 City FL 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. I am familiar with, and accept the obligations of registered agent. SiGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME UNBUH, HUGO P UNBUH, ST PALM BEACH FL 33401 UNBUK ST PALM BEACH FL 33401 TITLE UDCELL JAMES A STRET ADDRESS CITY-ST-2IP UNBUK STRET ADDRESS CITY-ST-2IP TITLE UDCAHAGE STORM STATE S	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
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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. I am familiar with, and accept the obligations of registered agent agent and see if applicable. Signature, typed or printed name of registered agent and see if applicable. (NOTE Pegistered Agent algorithms required when reinstating) Part		-								, , , , , , , , , , , , , , , , , , , ,		· ·	
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2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03

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Daytime Phone #