2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P0100044237

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

UNIQUE THREADS CORPORATION



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90086 024 ***150.00

| Principal Place of Business 1945 S.R. 60 EAST VALRICO FL 33594 Mailing Address 648 GILLETTE AVE. TEMPLE TERRACE FL 3361 | | | | - | | | | |
|---|--|--|------------------------|---------------------------------------|---|--|--|------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address 626 Somerstone Drive | | | | | 90 514 80 441 6 1411 8 191 8 1181 | TA ISDIA LANGI LANGT |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State Valrico, FL | | | 4. | . FEI Number 59-3719391 | - 1 | pplied For lot Applicable |
| Zip | , | | Zip Countr 3594 USA | | 5 | . Certificate of Status Desired | S8.75 Ad Fee Require | |
| | 6. Name and Address of Current | | | | 7. Name and Address of New Registered Agent | | | |
| GROENE, BRIAN 648 GILLETTE AVE. TEMPLE TERRACE FL 33617 | | | | Street A | P. J ddress (P.O. Somer | ack Box Number is Not Acceptable) stone Drive | | |
| | | | | Valr | ico | | FL Zig 3 g | 94 |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | 9. Election Campaign Finar Trust Fund Contribution. | ☐ Adde | 00 May Be ed to Fees |
| 10. | OFFICERS AND | DIRECTORS | | 11. | T | ADDITIONS/CHANGES TO OFFIC | EHS AND DIRECTOR | |
| NAME STREET ADDRESS CITY-ST-ZIP | DPS GROENE, BRIAN 648 GILLETTE AVE. TEMPLE TERRACE FL 33617 | | 🔀 Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | Gliange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JACK, JOHN P 648 GILLETTE AVE. TEMPLE TERRACE FL 33617 | - | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 626 S | John P. Comerstone Drive co, FL 33594 | ⊠ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JACK, JENNIFER L 648 GILLETTE AVE. TEMPLE TERRACE FL 33617 | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 626 S | Jenifer L. Somerstone Drive CO, FL 33594 | W-1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | ☐ Change | : Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | -0 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | | | □ Delete | TITLE NAME STREET ADDRESS | | | ☐ Change | e 🔲 Addition |

CITY-ST-ZIP

12. 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.