2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

FILED Aug 06, 2003 8:00 am Secretary of State P02000041792 DOCUMENT # 1. Entity Name 08-06-2003 90059 045 ***150.00 UNIQ TRADING INC Principal Place of Business Mailing Address 5039 CIMMARON DR 5039 CIMMARON DR LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name LUPKEY, JOSEPHINE Street Address (P.O. Box Number is Not Acceptable) **5039 CIMMARON DR** LAKELAND FL 33813 City 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 registerest agent. SIGNATURE' Signature, typ ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 50.4110 Change TITLE Addition ☐ Delete TITLE LUPKEY, JOSEPHINE NAME NAME 3550 Bushwood PKD **5039 CIMMARON DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME LOYD, JOHN L NAME STREET ADDRESS **5039 CIMMARON DR** STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 a

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition

attachneit 801310505 # PO200041792 To Dept of Corporations Fran UNIQ Trading INC soil-110 Tramps 71 33618 This is the first time I have Recivied Notice Woold you please Wave lete See