FILED Feb 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P02000050616
1 Entity Name	

UNSER INVESTMENTS, INC.								02-20-2003 70120 (70 130	.15	
Principal Place of Business 1404 NINTH AVENUE EAST MOUNT DORA FL 32756 MOUNT DORA FL 32756 MOUNT DORA FL 32756							A TORRETON AND TORRE RETURN THAT TORRE CORRESPONDE	1 2 1141 11 14 1 241 1 1			
2. Principal Place of Business 3.				Mailing Address			-				
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	4. FEI Number Applied For Not Applicable			
Zip Country		Zip	ip Coun		try	5. Certificate of Status Desired \$8.75 Ad Fee Require					
	6. Name	and Address of Current	t Registere	ed Agent			7. 1	Name and Address of New Registered	Agent		
CORROR	ATION OFF	HOT COMPANY	-	- 4		Name		and the second s			
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE FL 32	2301									
					City		FL	Zip Code	e		
	named entit lions of regis		or the purp	ose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE .		or printed name of registered agent	t and title if app	olicable. (NOT	E: Registered	l Agent signature requ	uired when re	einstating) 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 Financing Trust Fund Contribution. [0 May Be I to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		AC	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1404 NIN	Jonny a Sr Th Avenue East Jora Fl 32756		☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I WOON I	OTO 1 E 32730		□ Delete	TITLE NAME STREE				☐ Change	Addition	
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		and the second of		□ Delete				ب حریدهمی	Change	☐ Addition	
TITLE Name Street address City-St-Zip				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ı			Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE				Change	Addition	

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.

SIGNATURE: