2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90171 010 ***150.00

DOCUMENT # P02000057677

1. Entity Name
UNI-GENERAL CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
18101 CUTLASS DR. FORT MYERS FL 33931	18101 CUTLASS DR. FORT MYERS FL 33931

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0605611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CASSIANI, HELEN M~~
~~449 PRIMROSE CT~~ 18101 CUTLASS DR
~~FORT MYERS FL 33931~~ FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name: CASSIANI HELEN M.
Street Address (P.O. Box Number is Not Acceptable): 18101 CUTLASS DR
City: FORT MYERS BEACH FL Zip Code: 33931

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSIANI, HELEN M ~~449 PRIMROSE CT~~ ~~FORT MYERS FL 33931~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CASSIANI HELEN M. 18101 CUTLASS DR FORT MYERS BEACH FL 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSIANI, CHRISTIAN M ~~449 PRIMROSE CT~~ ~~FORT MYERS FL 33931~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CASSIANI CHRISTIAN M. 18101 CUTLASS DR FORT MYERS BEACH FL 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT CASSIANI, DANIEL R ~~18101 CUTLASS DR.~~ FORT MYERS BEACH FL 33931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ← SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED Helen Cassiani VP/TNS. 1-17-03 239-267-0452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #