

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000115432

1. Entity Name
UBU, INC.



FILED

05 MAY 31 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
220 ARCHERS POINT
LONGWOOD, FL 32779

Mailing Address
220 ARCHERS POINT
LONGWOOD, FL 32779

2. Principal Place of Business
523 Hoxford Ct
Suite, Apt. #, etc.

3. Mailing Address
523 Hoxford Ct
Suite, Apt. #, etc.

City & State
LAKE MARY FL
Zip 32746 Country

City & State
LAKE MARY FL
Zip 32746 Country

05272005 REIN-P CR2E098 (6/04)

4. FEI Number
~~APPLIED FOR~~ 20-026220
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, GINA M
220 ARCHERS POINT
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
523 Hoxford Ct
City LAKE MARY FL Zip Code 32746

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JONES, GINA M
STREET ADDRESS 220 ARCHRES POINT
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 523 Hoxford Ct
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/05

Date

Daytime Phone #

407-701-0155