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| Special Instructions to | Filing Officer: | : |
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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|----------------------------------|--|
| SUBJ | ECT: UNI INCORPORATED |
| 0020 | (Name of Corporation) |
| DOC | UMENT NUMBER: P04000028394 |
| The en | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| THC | DMAS RAY |
| | (Name of Person) |
| UNI | INCORPORATED |
| | (Name of Firm/Company) |
| 3996 | 62 US HIGHWAY 19 N |
| | (Address) |
| TAR | PON SPRINGS, FLORIDA 34689 |
| - | (City/State and Zip Code) |
| For fu | orther information concerning this matter, please call: |
| THO | MAS RAY at (727) 5234469 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for \$35.00 made payable to the Florida Department of State. |
| Amen Divisi Clifto 2661 | Mailing Address: Idment Section Idm |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PALLAHASSEE. FLORIDA

| PATRICIA A RAY | , hereby resign as PRESIDENT |
|-----------------------------|---|
| ", | (Title) |
| of UNI INCORPORATED | AS OF JANUARY 1, 2009 |
| | of Corporation) |
| P04000028394 | _, a corporation organized under the laws of the State of |
| (Document Number, if known) | |
| FLORIDA | |

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314