

PO4000028394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

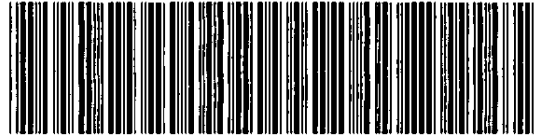
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.  
TB 5-4-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UNI INCORPORATED  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000028394

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS RAY  
(Name of Person)

UNI INCORPORATED  
(Name of Firm/Company)

39962 US HIGHWAY 19 N  
(Address)

TARPON SPRINGS, FLORIDA 34689  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS RAY at ( 727 ) 5234469  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

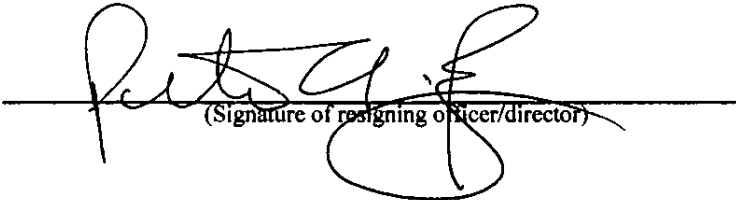
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I, PATRICIA A RAY, hereby resign as PRESIDENT  
(Title)

of UNI INCORPORATED AS OF JANUARY 1, 2009,  
(Name 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