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COVER LETTER

SUBJECT: UNI ENTERPRISES INC.

(Name of Corporation)

DOCUMENT NUMBER: POS 000 1196 S 2

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHIE JO MALT!

(Name of Contact Person)

THE HAYES LAW BROUP P.A.

(Firm/Company)

4701 CENTRAL AVE, STE A

(Address)

ST. PETERSBURG, FL 33713

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHIE Jo MALTI

(Name of Contact Person)

at (M27) 381-9026

(Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TO:

Amendment Section Division of Corporations

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the prostatement of change								
	o change its re							•
 The name of the The principal off 	corporation:_	UNI	ENTER	PRISES	INC.			
2. The principal off	ice address:	11963	INDIAN	ROCKS	29			
		LARG	o, FL	33774	·			<u> </u>
3. The mailing add	ress (if differe	nt):					· · · · · · · · · · · · · · · · · · ·	
			,		_ .			
4. Date of incorpor	ation/qualifica	tion: 08/	26/200.	S Docume	nt number: _	P0500	00 11 965	2
5. The name and str		the current	registered ag	ent and regist	ered office of	on file with	the	
Florida Departm		GEORG	E 1 11	1, ESQ	_	Andrew Management	TAL TAL	
_					•		AUG CAH	
	5959 6	ENTRA	L AVE,	STE 1	04		6 22 HASS	Land Control of the C
_	ST PE	TERSB	URG. F	1 337	0		PT 1	
6. The name and str (if changed):	reet address of	the new reg	istered agent	t (if changed)	and /or regis	stered office	AM 10: 33 OF STATE EE, FLORID	O
	HAYES,	GEOR	BE L.	111, ES	4		DE W	
	4701	CENT	RAL A	AVE, ST	EA			
	ST. PE	(P.O Box 1 TERSB	NOT acceptable)	IVE, \$ 7 L 3371	3			
The street address as changed will be	of its registere	ed office an	d the street a	address of the	business of	ffice of its r	egistered agen	t,
Such change was a authorized by the b	uthorized by ooard, or the c	resolution of	luly adopted has been not	by its board ified in writi	of directors	or by an of ange.	ficer so	
6/aire	A Jo	(Mell)	1	_		-		RYTREASURE
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	appointment comply with the am familiar v filed merely to sen notified in	as register ne provision vilh and acc o reflect a c writing of i	ed agent and s of all statu cept the oblig hange in the this change.	l agree to active to active to action of my registered of	in this cape the proper position as i ffice addres	acity. r and compl registered a s, I hereby	lete performan agent. Or, if th confirm that th	ce is e
(Signat	ure of Registered A	(gent)			(Date	2/8/0) (
If signing on behal	f of an entity:	:						
GEORGE L	d or Printed Name	رے را ا	.					

* * * FILING FEE: \$35.00 * * *