2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # P92000001914 1. Entity Name 05-01-2002 91599 010 ***150.00 U.F., INC. Principal Place of Business Mailing Address 8248 ULERTON RD 8141 124TH TERRACE NORTH LARGO FL 33771 **LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address VarK ark 400 7*400* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3155373 inel ark Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, STEVEN D Street Address (P.O. Box Number is Not Acceptable 8141 124TH TERRACE - N **LARGO FL 33773** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Smith, Steven 7400 park Blud TITLE ☐ Delete TITLE ■ Addition NAME SMITH, STEVEN D NAME STREET ADDRESS 8248 ULMERTON RD STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP Majorie Smith 7400 Park Blud TITL ☐ Delete TITLE NAME MARJORIE SMITH NAME STREET ADDRESS 8248 ULMERTON RD. STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.