2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2000 8:00 am Secretary of State DOCUMENT # **P93000008639** UNIPAL INTERNATIONAL CORPORATION 05-20-2000 90006 034 ***158.75 Principal Place of Business Mailing Address C/O KEN N. WINEBARGER 2646 LASSO LN 2646 LASSO LANE 2646 LASSON LANE LAKELAND FL 33801-9769 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3230292 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent WINEBARGER, KEN N Street Address (P.O. Box Number is Not Acceptable) 2646 LASSO LANE LAKELAND FL 33801 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ⊡. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition Delete TITLE TITI F WINEBARGER, KEN N NAME STREET ADDRESS 2646 LASSO LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 Change ☐ Addition TITLE ☐ Delete TITLE LEE, STANLEY M NAME NAME STREET ADDRESS **12510 EXBURY** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX 77375** TITLE Change ☐ Addition TÎTLÊ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if

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SIGNATURE AND TYPED OR PRINTER/NAME OF SIGNING OFFICER OR DIRECTOR