FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P95000059373 UNIQUE SPECIES INC. 02-05-2001 90114 014 ***150.00 Principal Place of Business Mailing Address 1190 E OHIO STREET P.O. BOX 990 LAKE HELEN FL 32744 LAKE HELEN FL 32744 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3360294 Not Applicable Zip Country Zip 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 HARDY, RICK Street Address (P.O. Box Number is Not Acceptable) 1190 E OHIO STREET LAKE HELEN FL 32744 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 TITLE ☐ Delete TITLE HARDY, RICK NAME NAME 1190 E. OHIO STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE HELEN FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE. HARDY, RAFFAELA NAME NAME 1190 E. OHIO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE HELEN FL Delete TITLE" ☐ Change Addition TITLE HARDY, LEWIS NAME NAME 1190 E. OHIO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE HELEN FL ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR