DOCUN 1. Entity Name	UNIFORM BU IENT # P9500 MARKETING, INC.	SINESS REPO 0074642	RT (UBR)	FILED Apr 25, 2001 8:00 an Secretary of State 04-25-2001 90150 041 ***158.75	m
Principal Place of Business 6024 CORTEZ BLVD SPRING HILL FL 34607 US		Mailing Address 6024 CORTEZ BLVD SPRING HILL FL 34607 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		City & State			r
Zip Country		Zip	Country	Not Applica	
	6. Name and Address of Cu			5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent	
			Name		
LAYTON, LARRY 6024 CORTEZ BLVD			Street Addres	ss (P.O. Box Number is Not Acceptable)	
SPRING HILL FL 34607		· .			
		An	City	Zip Code	
		After MAY 1, 2	/!!! FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of S		3e ;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAYTON, LARRY 6024 CORTEZ BLVD SPRING HILL FL 34607	Defete	TITLE NA VE STREET ADDRESS CITY-ST-ZIP		sition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	dition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 🗌 Ad	ldition
TITLE NAME Street address City-st-zip		Delete	TITLE NAME S''REET ADDRESS C'TY-ST-ZIP	Change 🛄 Ac	ddition
13. I hereby of indicated of the cor changed SIGNAT	I on this report or supplemental reporation or the receiver or truster, or on an attachment with an ad	ed with this filing does not qualify eport is true and accurring and that he empowered to exponent this repu dress with all other like empower pep on printed tame of signing offic	at my signature shall have ort as required by Chapter of.	in Section 119.07(3)(i), Florida Statutes. I further certify that the informat the same legal effect as if made under oath; that I am an officer or dire of 607, Florida Statutes; and that my pame appears in Block 11 or Block	ion ctor 12 if