Making Authors And WRIANA RAD P R 80x steeps OR ANDO R 38861 Sulfie Apt #, etc. DO NOT WRITE IN THIS SPACE A FE Number 59/3347898 Applied Fer Inc. Appli	DOCUMENT # P9500090952 1. Entity Name UNIFORMANIA, INC.				FILED Jan 09, 2001 8:00 am Secretary of State				
Suffer, Appl. #. etc. Suffer, Appl. #. etc. Suffer, Appl. Exp. Su	4403 VINELAND ROAD SUITE B-7 ORLANDO FL 32811	P.O. BOX 616602			01-09-200	01 90031	004 ***1	150.00	
City & State City & State City & State A. FEI Number \$9-3347998 Applicative For Application	2. Principal Place of Business	3. Mailing Address							
No. Name and Address of Current Registered Agent S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.7	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SI	PACE		_
SCHAEFFER, STEVEN 2812 ROBERT TRENT JONES DRIVE ORIANDO FL 32835 SIGNATURE Symme, speed or generated speed and the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Symme, speed or generated and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Symme, speed or generated and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Symme, speed or generated with generated agent and the accesse. OFFICER SAND DIRECTORS TILE MOWIT: FEE IS 150,00 After MAY 1,200 Fee with the 550,00 Make Check Payable to Department of State 1. OFFICER SAND DIRECTORS TRUE FAMILES SIGNATURE Symme and Address on New Registered Agent Symme symmetry SCHAEFFER, STEVEN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OFFICER SAND DIRECTORS TILE Nove SCHAEFFER, STEVEN SIGNATURES SIGNATURES OFFICER SAND DIRECTORS TILE Nove SCHAEFFER, STEVEN SIGNATURES OFFICER SAND DIRECTORS TILE Nove SCHAEFFER, STEVEN SIGNATURES OFFICER SAND DIRECTORS TILE Nove SIGNATURES OFFICER SAND DIRECTORS OFFI				4.	FEI Number 59-3347898		No	ot Applicable	
SCHAEFFER, STEVEN 2612 ROBERT TRENT JONES DRIVE ORLANDO FL 32835 Step Address (P.O. Box Numbers in Not Acceptable) Step Address (P.O. Box Numbers in Not Acceptable) Toy	Zip Country	Zip	Country	5.	Certificate of Status Desired		8.75 Add ee Require	ditional ed	
Street Address IP.O. Dox Number's Not Acceptable) ### Control of Part Control	6. Name and Address of Current R	egistered Agent	Name		Name and Address of New Re	egistered A	gent		-
SIGNATURE Signature injust of injustance speed and text in approace of changing its registered office or registered agent, or both, in the State of Florida. 1-03-01	2612 ROBERT TRENT JONES DRIVE		Street Ad	dress (P.O.	Box Number is Not Acceptable)			
8. The above named entity of this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 1-03-01	/					FL	Zip Cod	e (f	1
9. This corporation is eligible satisfy its Intangible Tax liling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME SCHAEFFER, STEVEN SIRET ADDRESS CITY-ST-2P C	SIGNATURE		registered office or	registered a		1-03			
TITLE NAME SIRET ADDRESS CITY-ST-2IP TITLE NAME	This corporation is eligible casatisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW! After MAY 1, 20	!! FEE IS \$150.0 01 Fee will be \$5	0 50.00	10. Election Campaign Fina	ancing _			
STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	DTV/C	_	<u> </u>	A	DDITIONS/CHANGES TO OFFI				16
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied by 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 in Jowered 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:	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplicown his 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 in bowered 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.	NAME STREET ADDRESS	□ Delete	NAME STREET ADDRESS				Change	☐ Addition	
SIGNATURE: 1-03-01 467-999-9756	NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP				_ v		1
SIGNATURE: 1-03-01 407-999-9750	13. I hereby certify that the information supplied with the indicated on this report or supplemental reputs to of the corporation or the receiver or trustee in bow changed, or on an attachment with an address, will be a compared to the corporation of the corporation.	his filing does not qualify for rue and accurate and that me vered to execute this report th all other like empowered.	the exemption state ny signature shall ha as required by Chap	ed in Section ve the same oter 607, Flor	i 119.07(3)(i), Florida Statutes. I legal effect as if made under o rida Statutes; and that my name	further certif ath; that I an appears in	y that the in an officer Block 11 or	nformation or director r Block 12 if	
Day Une Fibre #	SIGNATURE: SIGNATURE AND THE OF PRI	NTED NAME OF SIGNING OFFICER	OR DIRECTOR		1-03-01 Date	467-4	99-975 time Phone #	56	