

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90088 019 ***150.00

DOCUMENT # P95000097912

1. Entity Name
UNIGROUP, INC.

Principal Place of Business Mailing Address
 S MAC DILL 3225 S MAC DILL
 FL 33629 #209
 TAMPA FL 33629-8171

2. Principal Place of Business 3. Mailing Address
 Same P.O. Box 852
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Tampa, Florida
 Zip Country Zip Country
 33601-0852 USA

4. FEI Number 59-3349620 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PIPPIN, DAVID
 3225 S MACDILL #209
 TAMPA FL 33629

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 4/25/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPIN, DAVID E		NAME	PIPPIN, DAVID E	
STREET ADDRESS	306 W. BATES ST.		STREET ADDRESS	3225 S. MAC DILL # 209	
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPIN, DAVID E		NAME	PIPPIN, DAVID E	
STREET ADDRESS	306 W. BATES ST.		STREET ADDRESS	3225 S. MAC DILL # 209	
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, PATRICK B		NAME		
STREET ADDRESS	100 S ASHLEY DR # 1770		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4/25/00 777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 570 9478

CR2E034 (9/99)