

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 Applied For

59-3349620 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 DATE **4/25/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PIPPIN, DAVID E 306 W. BATES ST. PLANT CITY FL 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PIPPIN, DAVID E 3225 S. MAC DILL # 209 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PIPPIN, DAVID E 306 W. BATES ST. PLANT CITY FL 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PIPPIN, DAVID E 3225 S. MAC DILL # 209 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, PATRICK B 100 S ASHLEY DR # 1770 TAMPA FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: DATE **4/25/00** DAYTIME PHONE # **777 570 9478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)