2003 FOR PROFIT CORPORATION

Jan 29, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000054736 DOCUMENT # 1. Entity Name 01-29-2003 90161 037 ***150.00 UNIQUE IMAGES, INC. Principal Place of Business Mailing Address 1121 SW 45TH CT P.O. BOX 100037 CAPE CORAL FL 33914 CAPE CORAL FL 33910 2. Principal Place of Business 3. Mailing Address 2111 SW 41st Street same -Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0680493 Cape Coral Not Applicable 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 GUNDERSON, LEON K GUNDERSON, LEON K Street Address (P.O. Box Number is Not Acceptable) 1121 SW 45TH CT 2111 SW 41st Street CAPE CORAL FL 33910 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition **GUNDERSON, LEON K** NAME NAME ĞÜNDERSON, LEON K 1121 SW 45TH CT STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33910 CITY-ST-7IP CITY-ST-ZIP 2111 SW 51st St., Cape Coral DPC ☐ Delete TITLE Change Change ___ Addition **GUNDERSON. LEON K** NAME gunderson, donna m 1121 SW 45TH CT STREET ADDRESS STREET ADDRESS 2111 SW 45th Street CITY-ST-ZIP CAPE CORAL FL 33910 CITY-ST-ZIP Cape_Coral, Fl. 33914 TITLE ☐ Delete TITLE ☐ Chănge ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 eath; 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 10 or Block 11 if of the corporation or the receive changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

239-549-4221

Addition

FILED

CR2E034 (10/02)