FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90025 002 ***150.00

DOCUMENT # P9700006405									
U.C.E., INC.									
, 0.0.2.,						I F er an a da in a 1830. 1888: Bo thi eg	H ac hi e chi ce h e		
Principal Place	Mailing Address				i inkilom ila ibili ibbit saili aai)) M#+11 ##141 M#11# #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12447 BRADY P	LACE BLVD	12447 BRADY PLACE BLVD							
JACKSONVILLE FL 32223		JACKSONVILLE FL 32223 US		į	DO NOT WRITE IN THIS SPACE				
us		us				3. Date Incorporated or Qualifed			
}						01/16/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number			lied For
21		26				59-3429069			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			'	5. Certifcate of Status Desired	\$	8.75 Ad Fee Red	
22		27							
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution	1 1	5.00 № Added to	' '
Zip	Country Zip Co			,		8. This corporation owes the curre			1 665
<u> </u>	25	29 30	¬ ´			Personal Property Tax.	X		⊒No !
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New R	egistered Age	nt	
8. Harre and Address of Sun Million Hogistones 1 (game)					ie				
ELEFANT, FRED				Stree	-4 A dalea	ss (P.O. Box Number is Not Accepta	able)		 -
1650 PRUDENTIAL DRIVE				Stree	et Addres	ss (P.O. Box Number is Not Accepta	ole)		
SUITE 105			83	1					
JACKSONVILLE FL 32207			84	0:4				E Zin C	ode
				'					
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607.1508, Florida Statutes of Florida. Such change was auth ons of, Section 607.0505, Florid	, the above norized by a Statute:	e-name the co	ed corpor rporation	ation submits this statement for the 's board of directors. I hereby accep	purpose of char it the appointme	nging its r int as reg	egistered istered
SIGNATURE									}
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register				nt signatu	re required v	vhen reinstating)	DATE	IDECTOR	NO IN 40
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		2/	ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	D/P	□ nerese	ACTIVITE 2		27/	VERLY L. CUNNINGHA		Orial igo	
NAME	LOOM BOTTON DI LOC BILID		1.2 NAME 256		126	147 BRADY PLACE BLUD.			
STREET ADDRESS			1.3 STREE		TAI	EKSONIVILLE FL 3222	-3		ļ
CITY-ST-ZIP	JACKSUNVILLE FL 32223	□ DELETE	2.1 TITLE	1.2JP	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
TITLE			2.2 NAME				_	-	
STREET ADDRESS			2.3 STREE	T ADORES	35				ļ
CITY-ST-ZIP	1		1	2.4 CITY-ST-ZIP					,
TITLE		☐ DELETE	3.1 TITLE		\top			Change	☐ Addition
NAME	3.2		3.2 NAME						
STREET ADORESS			3.3 STREE	TADDRES	ss				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4 3 STREE	TADDRES	ss				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		□ DELETE	5.1 TITLE		"			Change	☐ Addition

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition