FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am Secretary of State DOCUMENT # **P9700006405** 1. Entity Name U.C.E., INC. 05-16-2001 90381 020 \*\*\*150.00 Principal Place of Business Mailing Address 12447 BRADY PLACE BLVD 12447 BRADY PLACE BLVD JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address 609 E. 23'd STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3429069 PANAMA CIT Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ELEFANT, FRED** Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE FL 32207 City Zip Code FL 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DIRECTOR PERSONAT Addition TITLE ☐ Delete TITLE CUNNINGHAM, BEVERLY L NAME NAME BEVERLY L. CHANNEHAM 12447 BRADY PLACE BLVD STREET ADDRESS STREET ADDRESS 12447 BRADY PLACE BLUD. CITY-ST-7iP JACKSONVILLE FL 32223 CITY-ST-ZIP JACKSONVILLE PL 32223 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change --- Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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

BEVERLY L. CLUNINGHAM

changed, or on an attachment with an address, with all other like empowered