08-09-1999 90002 013 ***150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000061121

UNCAS ENTERPRISES, INC.

							ı	
Principal Place of Business Mailing Address								
3363 LAUREL GROVE SOUTH 3363 LAUREL GROVE SOUT				Н				
JACKSONVILLE FL 32223		JACKSONVILLE FL 32223				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THE SPACE	
ě						3. Date Incorporated or Qualified	$\overline{}$	
	·					· ·	1	
2 Date at a 1	Name of Division and	O Mailing Add				07/01/1998 4. FEI Number Applied For	-	
2. Principal Place of Business		2a. Mailing Address				7 0 2 5 3 4 3 QV	\dashv	
21 Suite, Apt. #, etc.		26 Suite Ant # etc				, , , , , , , , , , , , , , , , , , ,	-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	Į	
22		27]				 	_	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23	Country	28	Cour			Trust Fund Contribution	ᅥ	
Zip		Zip	Cour	nu y		8. This corporation owes the current year Intangible Personal Property. Yes No		
24	25	29	30				\dashv	
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent	\dashv	
חות	OR, CHARLES E			١,	Name			
	S LAUREL GROVE SOUTH		82 Street		Street Addre	ess (P.O. Box Number is Not Acceptable)	\neg	
	KSONVILLE FL 32223						4	
370	MOONVILLE PL 02223		1	83			ł	
			ŀ	84	City	85 Zip Code	\dashv	
			i	١.	J.,	FL S Z S S S S S S S S	- [
11. Pursuani	t to the provisions of sections 607.05	02 and 607.1508, Florida Statut	es, the abo	ove-n	amed corpora	ation submits this statement for the purpose of changing its registered		
office or agent. I	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was igations of, section 607,0505. Fl	authorized Iorida Statu	i by tr utes.	ne corporation	on's board of directors. I hereby accept the appointment as registered		
•							- 1	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Register	ed Age	ent signature requir	ired when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┚	
TITLE	PD	DELETE	1.1 TITI	LE		Change Addition	1	
NAME	TUDOR, CHARLES E		1.2 NA	1.2 NAME			ļ	
STREET ADDRESS	3363 LAUREL GROVE SO.		1.3 STR	1.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CIT	Y-ST-Z	DP		Í	
TITLE	VPD	DELETE	2.1 TITI			Change Addition	\neg	
NAME	WILLIAMS, MELANIE C		2.2 NAM	ME				
STREET ADDRESS	31 FAIRWAY RD.		1		DDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			2.4 CITY-ST-ZIP				
TITLE	STD		DELETE 3.1 TIT			Change Additio		
NAME	TUDOR, NANCY B		3.2 NAM			Crisinge (Addition	.	
STREET ADDRESS	3363 LAUREL GROVE SO.				DDRESS			
	JACKSONVILLE FL 32223		3.4 CITY-5		ì		}	
CITY-ST-ZIP TITLE			4.1 TITE		JF	Observa D Control	\dashv	
		DELETE	4.2 NAME		ļ	Change	1	
NAME			ľ	_				
STREET ADDRESS			4.3 STR	KEET AD	DORESS			
CITY-ST-ZIP			4.4 CIT		IP)		4	
TITLE .		DELETE	5.1 TITL			Change Addition	1	
NAME			5.2 NAM					
STREET ADDRESS			5.3 STR	REETAD	DDRESS		-	
CITY-ST-ZIP	1 7 F 8 25 T		5.4 CIT	Y-ST-ZI	iP		_	
TITLE		DELETE	6.1 TITL	LE		Change Addition	1	
NAME	the second		6.2 NAN	ME				
STREET ADDRESS	,		6.3 STR	EET AC	DDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

904-2621778



3363 Laurel Grove South Jacksonville Florida 32223-7392 904-268-1778 Fax: 904-268-0886

August 5, 1999

Ms. Kathleen Harris Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Ms. Harris:

We did not receive the original notice for the 1999 Profit Corporation Annual Report. As this is our first year of incorporation, we inadvertently overlooked filing. Enclosed is the initial filing fee. The late fee will have to be paid later.

Sincerely,

Nancy B. Tudor
Secretary Treasurer