PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000075357

1. Corporation Name

UNISOURCE TAMPA, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|-----------|-------|----|----------|

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90086 017 ***150.00



| 4420 INDEPENDENCE COURT SARASOTA FL 34234 | | | 4420 INDEPENDENCE COURT SARASOTA FL 34234 | | | DO NOT WRITE IN THIS SPACE | | | |
|--|--|-------------|--|------------------------------|-----------|--|---|----------|--|
| | | | | | | | 3. Date Incorporated or Qualifed 08/28/1998 | | |
| 2. Principal Pl | ace of Business | 2a. | Mailing Address | | | | 4. FEI Number Applied For | | |
| 21 | | 26 | 26 | | | | 65-0863809 Not Applicab | Лe | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | - 1 | |
| 22 | | 27 | | | | | 5. Certificate of Status Desired Fee Required | | |
| City & State | • | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | \dashv | | |
| Zip | Country | | Zip Country | | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 | 29 | | 30 | | _ | Personal Property Tax. | | |
| · | 9. Name and Address of Curren | t Regist | ered Agent | - 0 | 41 | 1 | 10. Name and Address of New Registered Agent | | |
| KUE | ED CUDICTIAN C | | | 8 | ' | Name | | ł | |
| KOFLER, CHRISTIAN C 4420 INDEPENDENCE COURT | | | 8: | 2 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | | | |
| SARA | ASOTA FL 34234 | | | 8: | 3 | | | \neg | |
| | | | | 84 | 4 | City | 85 Zip Code | \dashv | |
| | | | | | | | FL 10 25 000 | _ | |
| office or re | to the provisions of Sections 607.050, egistered agent, or both, in the State n familiar with, and accept the obliga | of Florida | a. Such change was aut | honzed b | v ti | -named co he corpora | orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered | ' | |
| SIGNATURE | | | | | | - | uurad whon reinstaturd) DATE | } | |
| | Signature, typed or printed name of registered ager OFFICERS AN | | | 13. | ent | signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ᅱ | |
| 12. | D OFFICERS AN | D DINE | DELETE | 1.1 TITLE | | | Change ☐ Addi | | |
| | KOFLER, CHRISTIAN C | | | 1,2 NAME | | | _ • | | |
| NAME | 910 SIESTA KEY PLACE | | | 1 | | *ODDESS | | l | |
| STREET ADDRESS | SARASOTA FL 34242 | | | 1.3 STREET ADDRES | | | | | |
| CITY-ST-ZIP | D | | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | -ZIF | ☐ Change ☐ Addi | tion | |
| | KOFLER, CAROLYN A | | | 2.2 NAME | | | • | Í | |
| NAME | 910 SIESTA KEY PLACE | | | 1 | | ADORESS | | } | |
| STREET ADDRESS | -SARASOTA-FL-34242 | | | | | | | - | |
| CITY-ST-ZIP - | SARASUTA FL 34242 | _ | ☐ DELETE | 2.4 CITY- 3.1 TITLE | _ | -21- | ☐ Change ☐ Addi | tion | |
| TITLE NAME | | | | 3.2 NAME | | | _, | | |
| STREET ADDRESS | | | | • | | ADORESS | | Ì | |
| CITY-ST-ZIP | | | | 3.4. CITY- | | | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | ☐ Change ☐ Addi | tion | |
| NAME | | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | l | |
| CITY-ST-ZIP | | | | 4.4 CITY- | | Į. | | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addi | tion | |
| NAME | | | | 52 NAME | = | | | Ì | |
| STREET ADDRESS | | | | 5.3 STRE | EΤ | ADDRESS | · | 1 | |
| CITY-ST-ZIP | | | | 5.4 CITY- | ST- | -ZIP | | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | Change Addi | tion | |
| NAME . | | | - | 6.2 NAME | | | | | |

CITY-\$T-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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS