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

SIGNATURE:

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000024865 1. Entity Name URONIQUE, INC. 04-23-2001 90035 039 \*\*\*150.00 Principal Place of Business Mailing Address 11701 BELCHER RD. SOUTH, STE. 123 11701 BELCHER RD, SOUTH, STE. 123 LARGO FL 33773 **LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address Suite; Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3562760 Not Applicable Zip Country Zip 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 Name ROSS, RANDALL D Street Address (P.O. Box Number is Not Acceptable) 11701 BELCHER RD. SOUTH, STE. 123 **LARGO FL 33773** 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 SIGNATURE 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. 12. P/T/S/D ☐ Addition CR2E034 (10/00 TITLE ☐ Delete Change ROSS, RANDALL D NAME 11701 BELCHER RD. SOUTH, STE. 123 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME epartment of Srato STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP कराक्षक एक का कार्य कार्य के कार्य कार्य के एक कार्य TITLE. TITLE 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 changed, or on an attachment with an address, with all other like empowered.

RANDALL D. ROSS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE