2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000083383

UNIQUE SOLUTIONS COMPUTER BOOKKEEPING SERVICES, INC.

Mailing Address 2900 E. BLOUNT ST.

PENSACOLA, FL 32503

Principal Place of Business 2900 E. BLOUNT ST. PENSACOLA, FL 32503

SIGNATURE.

FILED May 03, 2004 08:00 AM Secretary of State



| | | | | 04232004 | No Chg-P | CR2E034 (10/03) |
|---|------------------|--------|---------|----------|----------|-----------------|
| 0 | NOT WRITE | IN THI | S SPACE | | | - TA |

59-3604555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

Applied For

| 6. Name and Address of Current Registered Agent | |
|---|---------------|
| SMITH, LINDA M 2600 E. GONZALES ST. | DO NOT WRITE |
| PENSACOLA, FL 32503 | IN THIS SPACE |

| ø. | The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. | i am tamiliar with, and accept |
|----|--|--------------------------------|
| | the obligations of registered agent. | · |
| | | |
| | | |

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000150352 /04/04-80002-024

DATE

After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Đ TITLE NAME SMITH, LINDA M STREET ADDRESS 2600 E. GONZALES ST. C/TY-ST-7/P PENSACOLA, FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. 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 receive/or/trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in of the corporation or the received changed, or on an attachment appears in Block 10 or Block 11 if હજીં

SIGNATURE:

432-3/38