

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S54453</b>		
1. Entity Name UNIPLEX, INC.		
Principal Place of Business 250 S OCEAN BLVD #4-F BOCA RATON, FL 33432 US		Mailing Address 250 S OCEAN BLVD #4-F BOCA RATON, FL 33432 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		03112004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3139387
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
TOVKACH, WALTER M 5011 NW 8TH AVE GAINESVILLE, FL 32605		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U000000090734 03/17/04-80031-004 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	BJORKSTEN, DARGAR W.	
STREET ADDRESS	250 S OCEAN BLVD #4-F	
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE	V	
NAME	WILLIS, HOMER F IV	
STREET ADDRESS	201 SE 2ND AVENUE #401	
CITY - ST - ZIP	GAINESVILLE, FL 32601	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 receiver 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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Dargar W. Bjorksten</u>		Date <u>3/14/04</u> Daytime Phone # <u>561 347 7995</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		