2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 A Secretary of State

ANNUAL REPURI					Secretary of S			
DOCUMENT # S89040							·	
1. Entity Nam	ne			į				
UNCLEC	CORPORATION							
Principal Piac	ce of Business	Mailing Address		1				
547 FIRST S	ST S	547 FIRST ST S						
ST PETERSB	BURG, FL 33701	ST PETERSBURG, FL 33701						
]] [
			04072008	No Chg-P	CR2E034 ((11/05)		
	O NOT WRITE	CE	4. FEI Nump	-		Applied For		
				59-309			Not Applicable	
				5. Certificate	of Status Desired		.75 Additional Required	
	6. Name and Address of Current Ro	agistered Agent]	<u></u>		/ 100	regoried	
50111100								
EDWARDS, WILLIAM P. 547 1ST ST SOUTH				DO	NOT W	RITE		
ST. PETERSBURG, FL 33701				IN	THIS SE	PACE		
				***		, (O.		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida - am familiar with, and accept								
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. Fam familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signature typed province name of registred agent and title if abortisis existing. Agant a gradure recurred when reinstatings. DATE On the control of the c								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			reing \$5	.00 May Be led to Fees	U000	<u> </u>	መቆጣ አጠጠ ለመ	
10.	OFFICERS AND DI	RECTORS			**************************************	M MULLI	812 158.00	
TOTLE NAME	D EDWARDS, WILLIAM P.							
STREET ADDRESS								
CITY-ST-ZIP	ST PETERSBURG, FL							
TITLE NAME								
STREET ACORESS								
CITY-ST-ZIP			1					
TITLE								
NAME Street Address				D O	NOT IA	مرا ماد و حدا ا		
CITY-ST-ZIP				טע	NOT W	KIIE		
THUE				IN '	THIS SE	PACE		
STREET ADDRESS								
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DILE								
NAME STREET ADDRESS			İ					
CITY-ST-ZIP			ł					
TITLE			1					
MAME STREET APPRESS								

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 protective empowered.

SIGNATURE:

NATURE AND TYPED OF AND OF EACH PORT OF DIRECTOR

4/7/08 (727)896637