1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56661

Corporation Name

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90190 018 ***150.00

UASIS FI	ILMS, INC.											
Principal Place	e of Business	Mailing Address					1100 OHIV 0110		181 1101 01011 1			II 4131) 1 00 1
296 PARK LANE		296 PARK LANE COURT										
JACKSON MS 39211 JACKSON MS 39211						DO NOT WRITE IN THIS SPACE						
						3. Date Incorp				JOFACE		
						08/11/19		ailleu				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numbe					Appli	ied For
21 1853	DEVON DIZ.	26 1853 DEVO	N D	亿.		65-03507				<u> </u>		Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	•				, ,		\$8.7	'5 Ad	ditional
22		27				5. Certifcate o	i Status Des	irea		Fee	Requ	uired
City & State	IG HILL, TN	City & State SPRING HI	ILL .	TN		6 Election Ca Trust Fund	mpaign Fina Contribution	_	. []		00 м led to	lay Be Fees
Zip	Country	Zip	Count	ry		8. This corpora			ent year Int	tangible		
24 3717	- 4 [25]	29 37174 3	30			Personal Pr				Yes		No
	9. Name and Address of Current	Registered Agent		_		10. Name and	Address of	New F	Registered	Agent		
			8	1 Name	•	•						
	D, ELIZABETH R.		8	2 Stree	Addre	ss (P.O. Box Nun	nber is Not A	Accepta	able)			
	S MIAMI AVE		L									
MIAN	Al FL 33131		8	3								1
			8	4 City					FL	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the abo	ve-name	corpo	ration submits thi	s statement	for the	purpose of	changing	g its re s regis	egistered stered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	es.	ooration	is board of direct	ors. Filereb	y acce	n tile appo	andinoni o		
office or nagent. I at	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	25 .		when reinstating)	_		DATE			
agent. I a	m familiar with, and accept the obligation	and title if applicable. (NOTE: F	da Statute	25 .	required	when reinstating) ADDITIONS/	_		DATE	ND DIRE	CTOR	S IN 12
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

615-302-2301

Daytime Phone #

F034 (11/98)