

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V59920

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** UNIPHAYS CORPORATION

**Current Principal Place of Business:**

1830 NW 112TH DRIVE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

1830 NW 112TH DRIVE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

1830 NW 112TH DRIVE  
GAINESVILLE, FL 32606 FL

**FEI Number:** 65-0385218      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARD L. SHRINER  
1830 NW 112TH DRIVE  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHRINER, RICHARD L  
Address: 1830 NW 112TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP  
Name: SHRINER, LINDA J  
Address: 1830 NW 112TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD L. SHRINER

PRES

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date