2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73272 Jan 19, 2000 8:00 am Secretary of State 1. Entity Name UNIQUE FINANCIAL & BOOKKEEPING, INC. 01-19-2000 90167 018 ***158.75 Principal Place of Business Mailing Address 3103-8TH AVE E. 2301A 9TH ST E. BRADENTON FL 34208 PALMETTO FL 34221-2459 VOLGALOS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0367892 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUTLER, FAYE** Street Address (P.O. Box Number is Not Acceptable) -4909 19T STREET 3103 - 8th Ave. E. Palmetto, FT. 34221 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Delete TITLE BUTLER, FAYE NAME STREET ADDRESS 3103-8TH AVE E. STREET ADDRESS CITY-ST-ZIP PALMETTO FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change **BUTLER, FAYE** NAME 3103-8TH AVE. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE PETERSON, GARY NAME NAME 3103-8TH AVE. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BUTLER, FAYE** NAME NAME 3103-8TH AVE. E. STREET ADDRESS STREET ADDRESS PALMETTO FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNOTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

941-749-1951

Daytime Phone #