1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000100123

1. Corporation Name

	UMATION						
Principal Place of B	Business	Mailing Address					1806 (III 106)
1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			200		DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed	_	
				_	11/24/1997		
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	<del></del>	olied For
21		26			65-0814003	<del></del>	Applicable
Suite, Apt. #, etc	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intar	ngible	
24	25	29	30	•			□No
	Name and Address of Current	<u> </u>			10. Name and Address of New Registered A	gent	
	····		8	1 Name			
GRANT, MARK F		1	2 Street A	Address (P.O. Box Number is Not Acceptable)			
	Broward Blvd., 15th Flooi Auderdale Fl 33301	1	Ļ	_		_	
FURI LA	AUDERDALE PL 33301		{	3			
			1	4 City	FL	85 Zip C	ode
					7	1	1.4
office or registe agent. I am far SIGNATURE	tered agent, or both, in the State of imiliar with, and accept the obligation	Florida. Such change was au ons of, Section 607.0505, Flori	ithorized t ida Statut	y the corpo	corporation submits this statement for the purpose of ci rration's board of directors. I hereby accept the appoint	hanging its ment as reg	registered gistered
office or registe agent. I am far SIGNATURE Signat	tered agent, or both, in the State of imiliar with, and accept the obligation ature, typed or printed name of registered agent of	Florida. Such change was auons of, Section 607.0505, Flori and title if applicable. (NOTE:	ithorized tida Statut	y the corpo	corporation submits this statement for the purpose of claration's board of directors. I hereby accept the appoint equired when reinstating)	ment as reg	jistered
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

03/15/99

954-753-1730

Addition

Daytime Phone #

Change

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90007 035 \*\*\*150.00