

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90111 011 \*\*\*150.00

**DOCUMENT # P96000054736**

1. Entity Name  
**UNIQUE IMAGES, INC.**

Principal Place of Business      Mailing Address  
**1638 SE 40TH TERRACE**      **P.O. BOX 37**  
**CAPE CORAL FL 33910**      **CAPE CORAL FL**

**820490**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1121 SW 45<sup>TH</sup> ST.**      **P.O. Box 100037**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>	4. FEI Number <b>65-0680493</b>	Applied For Not Applicable
Zip <b>33914</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>33910</b>	Country <b>LEE</b>		

6. Name and Address of Current Registered Agent  <b>GUNDERSON, LEON K</b> <b>1638 SE 40TH TERRACE</b> <b>CAPE CORAL FL 33910</b>		7. Name and Address of New Registered Agent Name <b>LEON K. GUNDERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1121 S.W. 45<sup>TH</sup> ST.</b> City <b>CAPE CORAL</b> FL      Zip Code <b>33914</b>	
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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 *Leon K. Gunderson*      DATE **2/28/2000**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>GUNDERSON, LEON K</b> <b>1638 SE 40TH TERRACE</b> <b>CAPE CORAL FL 33910</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSTPC</b> <b>GUNDERSON LEON K.</b> <b>1121 SW 45<sup>TH</sup> STREET</b> <b>CAPE CORAL, FL. 33914</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <b>GUNDERSON, DONNA M</b> <b>1638 SE 40TH TERRACE</b> <b>CAPE CORAL FL 33910</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Leon K. Gunderson*      DATE **2/28/2000**      DAYTIME PHONE # **941-549-4221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #