

# 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  
 CAPE CORAL FL 33910**

**P.O. BOX 37  
 CAPE CORAL FL**

**820490**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1121 SW 45th ST.**

**P.O. Box 100037**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CAPE CORAL, FL**

**CAPE CORAL, FL**

4. FEI Number

**65-0680493**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33914**

**USA**

**33910**

**LEE**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNDERSON, LEON K  
 1638 SE 40TH TERRACE  
 CAPE CORAL FL 33910**

Name **LEON K. GUNDERSON**

Street Address (P.O. Box Number is Not Acceptable)

**1121 SW 45th ST.**

City **CAPE CORAL**

FL

Zip Code

**33914**

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

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 ☐ Delete  
 NAME **DST**  
 STREET ADDRESS **GUNDERSON, LEON K**  
 CITY-ST-ZIP **1638 SE 40TH TERRACE  
 CAPE CORAL FL 33910**

TITLE ☒ Delete  
 NAME **DPC**  
 STREET ADDRESS **GUNDERSON, DONNA M**  
 CITY-ST-ZIP **1638 SE 40TH TERRACE  
 CAPE CORAL FL 33910**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **DSTPC**  
 STREET ADDRESS **GUNDERSON, LEON K.**  
 CITY-ST-ZIP **1121 SW 45th STREET  
 CAPE CORAL, FL. 33914**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/2000 941-549-4221**