

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90128 042 ***150.00

DOCUMENT # P02000128585

1. Entity Name

UNIQUE DESIGN GROUP, INC.



Principal Place of Business

12 OCEANSIDE DRIVE
ST. AUGUSTINE FL 32080

Mailing Address

P.O. BOX 3904
ST. AUGUSTINE FL 32085

2. Principal Place of Business

4251 Palmetto ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

Zip

32084

Country

USA

Country

4. FEI Number

46-0512676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LAUGHLIN, MARILYN G

12 OCEANSIDE DRIVE
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name: Marilyn G. Laughlin

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

4251 Palmetto ST.

City: ST. AUGUSTINE

FL

Zip Code

32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marilyn Laughlin

3/3/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ Delete
NAME	Marilyn G. Laughlin	
STREET ADDRESS	4251 Palmetto ST	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	SECRETARY	☐ Delete
NAME	Marilyn G. Laughlin	
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE	TREASURER	☐ Delete
NAME	Marilyn G. Laughlin	
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ Delete
NAME	Michael D. Golden	
STREET ADDRESS	4251 Palmetto ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn Laughlin

3/3/03 904)829-2880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)