

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # 619388

1. Entity Name

UNIQUE ENGINEERING AND REPAIRS, INC.



Principal Place of Business

809 MAIN STREET
SAFETY HARBOR, FL 34695

Mailing Address

809 MAIN STREET
SAFETY HARBOR, FL 34695



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1935619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LA DOLCETTA, ANTHONY J.
111 CHESTNUT CIR
SAFETY HARBOR, FL 34695

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000674401
03/29/07-80069-013 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME LADOLETTA, ANTHONY J.
STREET ADDRESS 111 CHESTNUT CIR
CITY-ST-ZIP SAFETY HARBOR, FL

TITLE VPT
NAME LADOLCETTA, ANGELA
STREET ADDRESS 111 CHESTNUT CIRCLE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony LaDolcetta 3-17-07 727-726-7162