

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90004 016 \*\*\*550.00

**DOCUMENT # 658689**

1. Entity Name  
**UNIQUE MANUFACTURING CO., INC.**

Principal Place of Business

**309 MOUNTAIN DRIVE  
DESTIN FL 32541**

Mailing Address

**P.O. BOX 9  
DESTIN FL 32540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2050495**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MATTHEWS, DANA  
607 HWY 98  
DESTIN FL 33541**

Name

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

City

**FL**

Zip Code

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DP	JONES, JAMES	110 GULF SHORE DRIVE DESTIN FL 32541	<input checked="" type="checkbox"/>					<input type="checkbox"/>
	DVP	MCGEE, TIMOTHY	121 DURANGO ROAD DESTIN FL 32541	<input checked="" type="checkbox"/>					<input type="checkbox"/>
	DT	RICHARDSON, JAMES L	319 MOUNTAIN DRIVE DESTIN FL 32541	<input type="checkbox"/>		DP	Richardson, James L	319 Mountain Drive Destin, FL 32569	<input checked="" type="checkbox"/>
	DS	MATTHEWS, DANA	607 HWY 98 DESTIN FL 32541	<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>		T	John D. Wiggins	190 Wymhaven Bch Mary Esther, FL 32569	<input type="checkbox"/>
				<input type="checkbox"/>					<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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:

*John D. Wiggins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/01

(850) 837-3977

CR2EN34 (5/01)