

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

UNIQUELY FLORIDA, INC.

Principal Place of Business

Mailing Address

2310 COOLIDGE AVE
ORLANDO, FLORIDA 32804

SAME

3. Date Incorporated or Qualified
3/2/89

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2310 COOLIDGE AVE

28 2310 COOLIDGE AVE

4. FEI Number
59-2931093

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
24 32804

Country
25 ORANGE

Zip
29 32804

Country
30 ORANGE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER F. SMITH
400 W. Par St.
Orlando, FL 32804

81 Name

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

2310 COOLIDGE AVE

83

84 City

ORLANDO

FL

85 Zip Code

32804

11. Pursuant to the provisions of Sections 007.02 and 007.1508, Florida Statutes, the above-named corporation certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am qualified to act as the registered agent of the corporation, and I am not the registered agent of the corporation under Section 007.005, Florida Statutes.

SIGNATURE



(NOTE: Registered Agent's name required when registering)

4-21-97

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0 PETER F. SMITH
PRESIDENT
400 W. Par St.
Orlando, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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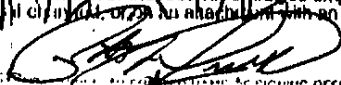
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:



4/21/97