

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 019 ***150.00

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DOCUMENT # K69644					
1. Entity Name UNIQUELY FLORIDA, INC.					
Principal Place of Business 380 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763 US			Mailing Address 380 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763 US		
2. Principal Place of Business <i>147 N. Industrial Dr.</i>		3. Mailing Address <i>147 N. Industrial Drive</i>		03022005 Chg-P CR2E034 (10/03)	
City & State <i>Orange City FL</i>		City & State <i>Orange City FL</i>		4. FEI Number 59-2931093	
Zip <i>32763</i> Country <i>USA</i>		Zip <i>32763</i> Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, PETER F. 380 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i>				DATE: <i>3/3/05</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, PETER F. 380 S. INDUSTRIAL DRIVE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Smith, Peter F. 659 Fort Florida Pt. Rd. DeBary FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 filers empowered.					
SIGNATURE: <i>[Signature]</i>				Date: <i>3/3/05</i> Telephone: <i>406-775-6300</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					