

ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM

Secretary of State

DOCUMENT # L19011

1. Entity Name

UNIQUELY SOUTHERN, INC.



Principal Place of Business

1014 WEST 10TH ST
PANAMA CITY, FL 32401 US

Mailing Address

PO BOX 15925
PANAMA CITY, FL 32406 US

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3008058

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, MURRAY R.
1014 WEST 10TH ST
PANAMA CITY, FL 32401DO 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

MURRAY R. WARD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/04/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVD
WARD, MURRAY R.
1014 WEST 10TH ST
PANAMA CITY, FL 32401TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/05 850-785-6925

Date

Daytime Phone #

U000000174427
01/10/05-80011-001 150.00DO NOT WRITE
IN THIS SPACE