

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90057 042 ***150.00

DOCUMENT # L24456

1. Corporation Name

UNIQUE DATA SYSTEMS, INC.



Principal Place of Business

12773 FOREST HILL BLVD.
102-B
WEST PALM BEACH FL 33414

Mailing Address

12773 FOREST HILL BLVD.
102-B
WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1989

4. FEI Number

65-0155509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **12765 Forest Hill Blvd.**

26 **12765 Forest Hill Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#1308**

27 **#1308**

City & State

City & State

23 **West Palm Beach, FL**

28 **West Palm Beach, FL**

Zip

Zip

24 **33414**

29 **33414**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

STEINHORN, SHERRI
13328 NORTHUMBERLAND CIRCLE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **STEINHORN, SHERRI**
STREET ADDRESS **13328 NORTHUMBERLAND CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **VD** ☐ DELETE
NAME **STEINHORN, SHERRI**
STREET ADDRESS **13328 NORTHUMBERLAND CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)