Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90081 036 ***150.00

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**

DOCUI 1. Corporation	MENT # L97899	•					
	UNIQUE BOUTIQUE, INC.						
	- , : : : : :					#1811 1813 1814 181	(
						I e lek ekek ekek eke	(I eie il i cc i
Principal Place of Business Mailing Address					·		
6928 22ND AVENUE N 6928 22ND AVENUE N ST PFTERSBURG FL 33710 ST PETERSBURG FL 33710							
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 3371					DO NOT WRITE IN THIS SPACE		
00					3. Date Incorporated or Qualifed		
					08/30/1990		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	ied For	
21		26		59-3021693		Applicable	
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Ad Fee Requ	
22		27	7				
City & Statu	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	, ,	
Zip				у	8. This corporation owes the current year	Intangible	
25 29 30			0	Personal Property Tax. ☑Yes □No			∃No }
g. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
			81	Name			
STALEY, CHERYL			82	Street Arl	dress (P.O. Box Number is Not Acceptable)	•	
6928 22ND AVENUE N				Substru	integs (F.O. Box Hamber is Not Association)		
ST. PETERSBURG FL 33710			83	3			l
			84	City		. 85 Zip Co	ode
ļ	•		1	1	· F		}
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was auti	nonzea o	/ ine corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its re pointment as regin	egistered stered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				ent signature requ	uired when reinstating) DATE	AND DIDECTOR	C (b) 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P OTHER OUTDO	□ DELETE	1.1 TITLE		· .	Onango	
NAME	Officer, Officer		1.2 NAME				}
STREET ADDRESS	OT DESTROOMING EL			ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP		☐ Change	Addition
TITLE	_		2.1 TITLE	Ì		Change	
NAME	STALEY-KOEBEL, ANGELA		2.2 NAME				ļ
STREET ADDRESS	AT DETERORISO. FU			ET ADORESS			
CITY-ST-ZIP	P ST PETERSBURG FL		2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE		□ DELETE	3.1 TITLE			- Other age	
NAME			3.2 NAME		•		
STREET ADDRESS				ET ADDRESS			Į
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Criange	
NAME			4. 2 NAME		,		1
STREET ADDRESS				ET ADDRESS			Ì
CITY-ST-ZIP		T BELEVE	4.4 CITY-	ST-ZIP		C Change	Addition
TITLE		☐ DELETE	5.1 TITLE	·		Change	
NAME			5.2 NAME				1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 chapter 607, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition