

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0081112

DOCUMENT # N98000000159

1. Entity Name

UNIQUE REFLECTIONS FOR TODAY'S LIVING, INC.

01-31-2002 90016 008 ****61.25

Principal Place of Business 7100 ULMERTON RD LOT 215B LARGO FL 33771	Mailing Address PO BOX 5122 LARGO FL 33779-5122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3488857	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRUTZA, WILLIAM J REV.
7100 ULMERTON RD
LOT 2185
LARGO FL 33771**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	WILLIAM, KRUTZA J REV	
STREET ADDRESS	7100 ULMERTON RD #2185	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUTZA, RUTH M	
STREET ADDRESS	7100 ULMERTON RD #2185	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHEN, ROBERT	
STREET ADDRESS	2591 COUNTRYSIDE BLVD, BLDG 5 APT 212	
CITY-ST-ZIP	CLEARWATER FL 33961-4519	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHEN, MARGARET	
STREET ADDRESS	2591 COUNTRYSIDE BLVD. BLDG 5. APT 212	
CITY-ST-ZIP	CLEARWATER FL 33761-4519	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUTZA, KENNETH	
STREET ADDRESS	4531 PINE HOLLOW DRIVE	
CITY-ST-ZIP	CARROLLWOOD FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUTZA, SUSAN	
STREET ADDRESS	4531 PINE HOLLOW DRIVE	
CITY-ST-ZIP	CARROLLWOOD FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *William J Krutza* **FILED** Jan 15, 2002 727-535-4186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)