2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059453

1. Entity Name
UNIQUE REMODELING AND DESIGN INC.

1082

0073537 AV

FILED
02 AUG 22 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10290 N.W. 31ST CT SUNRISE FL 33351	10290 N.W. 31ST CT SUNRISE FL 33351

2. Principal Place of Business	3. Mailing Address
10290 N.W. 31ST Ct	10290 N.W. 31ST Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FLORIDA	City & State: SUNRISE, FL
Zip: 33351 Country: U.S.A	Zip: 33351 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~NOT APPLICABLE~~ 65-1026823 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, TIMOTHY W
10295 NW 31ST CT.
SUNRISE FL 33351

BAILEY, Timothy W.
10290 N.W. 31ST CT
SUNRISE, FL 33351

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 ____ DATE 7-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, TIMOTHY W 10290 N.W. 31ST CT SUNRISE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200008018352--6 -09/25/02--01058--013 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

To WHOM it MAY CONCERN, JULY 29TH 2002

Attachment 2 of 2

RE: UNIQUE REMODELING & DESIGN INC.
10290 N.W. 31ST CT
SUNRISE, FL 33351
P00000059453
PHONE: (954) 747-8713
CELL (954) 854-0333

PRESIDENT: TIMOTHY W. BAILEY
10290 N.W. 31ST CT
SUNRISE, FL 33351

PLEASE BE ADVISED THAT THIS IS THE 2ND YEAR THAT I HAVE HAD PROBLEMS RECIEVING MY, 'UNIFORM BUSINESS REPORT FORMS' LAST YEAR IT WAS BECAUSE MY ORIGINAL PLACE OF BUSINESS WAS FILING MY MAIL AND NOT BEING ADVISED THAT I HAD RECIEVED ANY. THIS YEAR A NEW PROBLEM - I HAVE A FAMILY MEMBER(S) LIVING ACROSS THE STREET (BOTH ARE RETIRED AND VACATION A LOT) I ALSO ~~PROPOSED LAST YEAR TO DO BUSINESS IN ONE OF THERE~~ EMPTY ROOMS. BUT TO MANY ISSUES WITH ACCESS WHEN THEY WERE AWAY. ANYWAY OUR MAIL HAS BEEN GOING TO BOTH PLACES BECAUSE OUR LAST NAMES ARE THE SAME AND OUR ADDRESS AS WELL. (ARE DIFFERENT BY ONE NUMBER) I HAVE MADE EVERY EFFORT TO ADVISE THE POSTMAN TO MAKE SURE TO READ THE ~~NAME~~ ENTIRE NAME, TO ENSURE THAT THE PROPER PARTIES RECIEVE THEIR OWN MAIL. TO NO AVAIL. I PROMPTLY PAY ALL BILLS, BUT WHEN