

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90014 010 \*\*\*150.00

**DOCUMENT # P00000074419**

1. Entity Name  
**ALL UNIQUE PROPERTIES, INC.**



Principal Place of Business  
**8726 OLD CR. 54, SUITE A  
NEW PORT RICHEY, FL 34653**

Mailing Address  
**8726 OLD CR. 54, SUITE A  
NEW PORT RICHEY, FL 34653**

2. Principal Place of Business - No P.O. Box #  
**4421 MADISON ST.**

3. Mailing Address  
**4421 MADISON ST.**

Suite, Apt. #, etc.  
**101**

Suite, Apt. #, etc.  
**101**

City & State  
**NEW PORT RICHEY, FL**

City & State  
**NEW PORT RICHEY, FL**

Zip  
**34652**

Country  
**PASCO**

Zip  
**34652**

Country  
**PASCO**



07072008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3143731**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SZEWCZYK, LYDIA  
8726 OLD CR. 54, SUITE A  
NEW PORT RICHEY, FL 34653**

**7. Name and Address of New Registered Agent**

Name  
**SZEWCZYK-KRAUTH, LYDIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**4421 MADISON ST. STE. 101**

City  
**NEW PORT RICHEY, FL** Zip Code  
**34652**

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

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

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SZEWCZYK-KRAUTH, LYDIA  
8726 OLD CR 54-A  
NEW PORT RICHEY, FL 34653** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**4421 MADISON ST. STE. 101  
NEW PORT RICHEY, FL 34652**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

7-16-08

Date

Daytime Phone #

727-  
842-7070