


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90033 028 ***150.00

DOCUMENT # P00000085729	
1. Entity Name UNIQUE POOLS & DESIGNS, INC.	

Principal Place of Business 6146 CLARK CENTER AVENUE SARASOTA FL 34238	Mailing Address 6146 CLARK CENTER AVENUE SARASOTA FL 34238
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2. Principal Place of Business 5355 F McIntosh Road	3. Mailing Address 5355 F McIntosh Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota FL 34233	City & State Sarasota FL
Zip 34233	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-1038374	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAMKAR, MICHAEL 6146 CLARK CENTER AVENUE SARASOTA FL 34238	
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7. Name and Address of New Registered Agent Name Kamkar, Michael Street Address (P.O. Box Number is Not Acceptable) 5355 F McIntosh Road City Sarasota FL Zip Code 34233	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **2-19-04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KAMKAR, MICHAEL 6146 CLARK CENTER AVE SARASOTA FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KAMKAR, NILOO 6146 CLARK CENTER AVE. SARASOTA FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O EMSHOFF, CYNTHIA 6146 CLARK CENTER AVE. SARASOTA FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Kamkar, Michael 5355 F McIntosh Road Sarasota FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Kamkar, Niloo 5355 F McIntosh Road Sarasota FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Emshoff, Cynthia 5355 F McIntosh Road Sarasota FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 DATE **2-19-04** 941-926-2348 Daytime Phone #