FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91832 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00-85729

1. Entity Name
Unique Pools & Designs, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
6146 - Clark Center Ave.	6146 - Clark Center Ave.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Sarasota, FL.	Sarasota, FL.	4. FEI Number 65-1038374 ☐ Applied For ☐ Not Applicable
Zip 34238 Country U.S.A.	Zip 34238 Country U.S.A.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Michael Kamkar

Street Address (P.O. Box Number is Not Acceptable)
6146 - Clark Center Ave.

City Sarasota FL Zip Code 34238

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)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/T	TITLE	
NAME	Michael Kamkar	NAME	
STREET ADDRESS	6146 - Clark Center Ave.	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL. 34238	CITY-ST-ZIP	
TITLE	V/S	TITLE	
NAME	Nilo Kamkar	NAME	
STREET ADDRESS	6146 - Clark Center Ave.	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL. 34238	CITY-ST-ZIP	
TITLE	Officer	TITLE	
NAME	Cynthia Emshoff	NAME	
STREET ADDRESS	6146 - Clark Center Ave.	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL. 34238	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-30-03 (941)926-234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #