

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 050 ***150.00

DOCUMENT # P00000087749



1. Entity Name

UNIQUE CONSTRUCTION OF VOLUSIA COUNTY, INC.

Principal Place of Business

218 FLAMINGO RD.
OAK HILL FL 32759

Mailing Address

218 FLAMINGO RD.
OAK HILL FL 32759

2. Principal Place of Business

218 Flamingo Rd

3. Mailing Address

P.O. Box 422

20011402



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oak Hill, Florida

City & State

Oak Hill, Florida

4. FEI Number

59-3669806

Applied For

Not Applicable

Zip

32759

Country

USA

Zip

32759

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRICK, ARLEATHA W
218 FLAMINGO RD.
OAK HILL FL 32759

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

Arleatha W Merrick / Secretary

02/11/05

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

After May 1, 2005 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 DST ☐ Delete
NAME MERRICK, ARLEATHA W
STREET ADDRESS 218 FLAMINGO RD.
CITY-ST-ZIP OAK HILL FL 32759

TITLE DV ☐ Delete
NAME MERRICK, SAMUEL L
STREET ADDRESS 218 FLAMINGO RD.
CITY-ST-ZIP OAK HILL FL 32759

TITLE DP ☐ Delete
NAME MERRICK, DERRALL S
STREET ADDRESS 239 CUMMINGS ST.
CITY-ST-ZIP OAK HILL FL 32759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Arleatha W Merrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/05

Date

386 345-3195

Daytime Phone #