

DOCUMENT # P00000087749

1. Entity Name

UNIQUE CONSTRUCTION OF VOLUSIA COUNTY, INC.



FILED
Feb 28, 2007 08:00 AM
Secretary of State



Principal Place of Business

218 FLAMINGO RD.
OAK HILL FL 32759

Mailing Address

PO BOX 422
OAK HILL FL 32759

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3669806

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DST ☐ Delete
 NAME MERRICK, ARLEATHA W
 STREET ADDRESS 218 FLAMINGO RD.
 CITY-STATE-ZIP OAK HILL FL 32759

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Arleatha W Merrick* (Arleatha W Merrick) Secretary 2/27/07 386 345-3195