

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-13-2002 90034 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003768

1. Entity Name

UNIQUE DESIGNS & HANDYMAN SERVICES.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3495 LYNNWOOD DR

Suite, Apt. #, etc.

#8

3. Mailing Address

3495 LYNNWOOD DR

Suite, Apt. #, etc.

#8

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-1079671

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name WERNER CRONJE

Street Address (P.O. Box Number is Not Acceptable)

3495 LYNNWOOD DR #8

City LAKE WORTH FL FL

Zip Code
33461DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

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 \$81.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	MR WERNER CRONJE LYNNWOOD DR #8 LAKE WORTH 33461
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02

Date

561-6417731

Daytime Phone #

CR2E0348 (12/01)