

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045354

1. Entity Name

UNIQUELY CHIC, INC.

Principal Place of Business

34904 EMERALD COAST PKWY, SUITE 134
DESTIN FL 32541

Mailing Address

34904 EMERALD COAST PKWY, SUITE 134
DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

393713140

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

KUTNER, VICKI L

34904 EMERALD COAST PKWY, SUITE 134
DESTIN FL 32541

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input type="checkbox"/> Delete
NAME	KUTNER, VICKI L	
STREET ADDRESS	34904 EMERALD COAST PKWY, SUITE 134	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KUTNER, RAYMOND	
STREET ADDRESS	34904 EMERALD COAST PKWY, SUITE 134	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
Date

850-269-2442
Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90619 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)