2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000045354

1. Entity Name
UNIQUELY CHIC, INC.

Principal Place of Business	Mailing Address
34904 EMERALD COAST PKWY, SUITE 134 DESTIN, FL 32541	34904 EMERALD COAST PKWY, SUITE 134 DESTIN, FL 32541

02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3713740
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUTNER, VICKI L
34904 EMERALD COAST PKWY, SUITE 134
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COELHO, JUDY
STREET ADDRESS	257 SWEETWATER RUN
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VPD
NAME	KUTNER, VICKI L
STREET ADDRESS	34904 EMERALD COAST PKWY, SUITE 134
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	STD
NAME	VUCOVICH, TERESA
STREET ADDRESS	4268 WILD BOAR RUN
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/06-80022-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Judith Coelho JUDITH COELHO 2/20/06 850-269-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #