

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90006 004 \*\*\*150.00

**DOCUMENT # P01000104233**

1. Entity Name  
**UNIQUE BOATS INC.**



Principal Place of Business  
**1919 NW 19TH ST.  
FT. LAUDERDALE, FL 33311**

Mailing Address  
**1919 NW 19TH ST.  
FT. LAUDERDALE, FL 33311**

**54063233**



2. Principal Place of Business

**3621 W. State Rd 84**  
Suite, Apt. #, etc.

3. Mailing Address

**3621 W. State Rd 84**  
Suite, Apt. #, etc.

07082004 Chg-P CR2E034 (10/03)

City & State  
**Davie FL**

City & State  
**Davie FL**

4. FEI Number  
**65-1152375**

Applied For  
Not Applicable

Zip  
**33312** Country  
**Broward**

Zip  
**33312** Country

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

6. Name and Address of Current Registered Agent

**THIBAUT, JACK  
1 LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name  
**Jack Thibaut**  
Street Address (P.O. Box Number is Not Acceptable)  
**3260 Oleander Way**  
City & State  
**Bonpano Beach FL 33062**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/15/04**  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D THIBAUT, JACK** ☒ Delete  
**1 LAS OLAS BLVD.**  
**FT. LAUDERDALE, FL 33316** **New**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Thibaut, Jack** ☐ Delete  
**3260 Oleander Way**  
**Bonpano Beach, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/04**  
Date Daytime Phone #



Attachment

54063233

3621 West State Road 84  
Davie, FL 33312

Dep 01000104233

July 15, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed please find check in the amount of \$150. We **did not** receive the original notice. Perhaps it did not reach us due to our move. In addition, the director moved from Fort Lauderdale to Pompano Beach.

We appreciate your understanding.

Yours truly,

  
Lena Hill  
Office Manager

Encl. Check