## PD1000104233

(Requestor's Name)	
(Address)	200241040752
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	10/22/1201018006
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Office Use Only

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	UNIQUE BOATS INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P0100104233
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
JO	AN WALLIS
	(Name of Person)
WA	ALLIS & WALLIS, P.A.
	(Name of Firm/Company)
160	00 S FEDERAL HWY, STE 470
	(Address)
PC	OMPANO BEACH, FL 33062 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
<u> </u>	AN WALLIS  (Name of Person)  at (954 ) 9419005  (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	,	
Florida Statutes, the undersigned, PETER WALLIS, ES9,		
(Name of Registered Agent)		
hereby resigns as Registered Agent for UNIQUE BOATS INC.		
(Name of Corporation)		
P0100104233		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known ac	ddress.	
The agency is terminated and the office discontinued on the 31st day after the date on withis statement is filed.  (Signature of Resigning Agent)	hich	
If signing on behalf of an entity		
(Typed or Printed Name)		
(Capacity)	te oct 22	
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	PH 1: 85	

Make checks payable to Florida Department of State and mail to:
Division of Corporations

withdrawn corporation

P.O. Box 6327

Tallahassee, FL 32314