

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91237 049 \*\*\*150.00

DOCUMENT # P01000108623

1. Entity Name

UNIQUE SOLUTIONS APPROACH, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

112 SE PECKHAM STREET

Suite, Apt. #, etc.

3. Mailing Address

112 SE PECKHAM STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-1152783

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HILL, KARREN MARIE

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

112 SE PECKHAM STREET

City

PORT CHARLOTTE

FL

Zip Code

33952

**DO 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 reinstating)

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 \$61.25

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  
D  
HILL, JAMES DAVID  
112 SE PECKHAM STREET  
PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WEISS, DONALD ROBERT  
170 TREASURE LANE  
LAKE WORTH, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HILL, KARREN MARIE  
112 SE PECKHAM STREET  
PORT CHARLOTTE, FL 33952

TITLE  
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CITY - ST - ZIP

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IN THIS SPACE**

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

JAMES HILL President 4/30/2002 941-625-0000

Date

Daytime Phone #