

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90366 047 \*\*\*150.00

0063702 AV

**DOCUMENT # P01000111346**

1. Entity Name  
**UNIQUE BUT NICE, INC.**



Principal Place of Business  
**1455 W LAKE MARY BLVD  
LAKE MARY FL 32746**

Mailing Address  
**1455 W LAKE MARY BLVD  
LAKE MARY FL 32746**

2. Principal Place of Business

**8472 Ridgewood Ave  
Suite, Apt. #, etc.  
# 304-0**

3. Mailing Address

**8472 Ridgewood Ave  
Suite, Apt. #, etc.  
# 304-0**



☐ CHECK HERE IF MAKING CHANGES

City & State

**CAPE CANAVERAL FL**

City & State

**CAPE CANAVERAL FL**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

**32920**

Country

**BRISUAND**

Zip

**32920**

Country

**BRISUAND**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MINCER, GARY P  
1455 W LAKE MARY BLVD  
LAKE MARY FL 32746**

*SAME  
NEW ADDRESS*

7. Name and Address of New Registered Agent

Name **GARY P MINCER**  
Street Address (P.O. Box Number is Not Acceptable)  
**8472 Ridgewood Ave # 304-0  
CAPE CANAVERAL FLA**  
City **FL** Zip Code **32920**

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 title in parentheses.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MINCER, GARY P**  
STREET ADDRESS **1455 W LAKE MARY BLVD**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete  
NAME **DEJESUS, KAREN E**  
STREET ADDRESS **1455 W LAKE MARY BLVD**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME GARY P MINCER** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8472 Ridgewood Ave # 304-0**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **KAREN E DEJESUS** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **8472 Ridgewood Ave # 304-0**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

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

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

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

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**

**4-28-03 407-415-3006**

Date

Daytime Phone #

CR2E034 (10/02)