

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90175 011 \*\*\*150.00

DOCUMENT # P01000114969

1. Entity Name

THE UNIQUE GIFT STORE, INC.



Principal Place of Business

~~YOUR CORNERS SHOPPING PLAZA~~  
~~# 106 US HIGHWAY 27 N~~  
~~DAVENPORT FL 33837~~

Mailing Address

8828 DUNES COURT #103  
KISSIMMEE FL 34747

2. Principal Place of Business

Four Corners Shopping Plaza

3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

106 Polo Park East Blvd

City & State

Davenport FL

City & State

Zip Country

Zip 33897

Country

POIK

Zip

Country

4. FEI Number

59-3693258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YASI, LINDA R  
8828 DUNES COURT #103  
KISSIMMEE FL 34747

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 if applicable.

(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 LYNCH, WAYNE  
STREET ADDRESS 8828 DUNES COURT #103  
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE D ☐ Delete  
NAME YASI, LINDA R  
STREET ADDRESS 8828 DUNES COURT #103  
CITY-ST-ZIP KISSIMMEE FL 34747

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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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 LINDA R YASI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03 863420-1599

Date

Daytime Phone #

CR2E034 (10/02)