2004 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

Feb 11, 2004 8:00 am Secretary of State **DOCUMENT # P02000017758** 01-29-2004 90093 016 ***150.00 UNIQUE FURNITURE & ACCESSORIES, INC. Principal Place of Business Mailing Address 300 NORTH TAMIAMI TRAIL SARASOTA FL 34236 300 NORTH TAMIAMI TRAIL SARASOTA FL 34236 **ひひまひずひひひ** 3. Mailing Address 2. Principal Place of Business 300 N. TAMIAMI 300 N. TAMIAMI Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 32-0002439 SARASOTA SAR Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FITZGIBBONS, THOMAS M 22 SOUTH TUTTLE AVE, STE. Tamian , SARASOTA FL 34237 34286 SARASOTA 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 FFILE NOW III FEETS \$150.00 A After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE Change THOMAS, CESAR 300 N. TAMIAMI TRL THOMAS, LAURA M NAME NAME 300 NORTH TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP SARASOTA FL 34236 Change **Addition** TITLE ☐ Delete TITLE THOMAS, SINDY NAME NAME 300 N. TAMIAMI TRL STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CHY-ST-ZIP Addition TITLE TITLE ☐ Change ☐ Delete NAME --NAME. 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP.:: CITY-ST-ZIP. TITLE ☐ Celete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ag SIGNATURE:

FILED

Ottlachment
66401594
#10200017758

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

February 2, 2004

UNIQUE FURNITURE & ACCESSORIES, INC. 300 NORTH TAMIAMI TRAIL SARASOTA, FL 34236

Subject: UNIQUE FURNITURE & ACCESSORIES, INC.

Reference Number:

P02000017758

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/BG ANNUAL REPORTS SECTION