

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90046 004 ***150.00

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1. Entity Name

UNIQUE FURNITURE & ACCESSORIES, INC.



Principal Place of Business

7259 N TAMiami TR
SARASOTA FL 34243

Mailing Address

7259 N TAMiami TR
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0002439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGIBBONS, THOMAS M
300 N. TAMiami TRAIL
PO BOX 3527
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Laura M. Thomas

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

7259 N. Tamiami Tr.

City Sarasota

FL

Zip Code 34243

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

Laura Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	THOMAS, LAURA M	
STREET ADDRESS	300 NORTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	CESAR, THOMAS	
STREET ADDRESS	300 NORTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, SINDY	
STREET ADDRESS	300 NORTH TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Thomas, Laura M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7259 N. Tamiami Trail	
STREET ADDRESS	SARASOTA, FL. 34243	
CITY-ST-ZIP		
TITLE	Thomas, Cesar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7259 N. Tamiami Trail	
STREET ADDRESS	SARASOTA, FL. 34243	
CITY-ST-ZIP		
TITLE	Thomas, Sindy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7259 N. Tamiami Trail	
STREET ADDRESS	SARASOTA, FL. 34243	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Laura Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 (941) 355-3788