

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000017758

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**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0002439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMAS, LAURA M
7259 NORTH TAMiami TRAIL
SARASOTA, FL 34243**

**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. 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, LAURA M
7259 NORTH TAMiami TRAIL
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CESAR, THOMAS
7259 NORTH TAMiami TRAIL
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, SINDY
7259 NORTH TAMiami TRAIL
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000435041
02/25/06-80026 006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/10/06 (241) 355-3788