

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90148 014 ***150.00

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DOCUMENT # P02000029496

1. Entity Name

UNIKA INCORPORATED



Principal Place of Business

11474 S.W. 12TH CT.

DAVIE FL 33325-4506

Mailing Address

11474 S.W. 12TH CT.

DAVIE FL 33325-4506

2. Principal Place of Business

11300 REMORE BLVD.

3. Mailing Address

11474 SW 12 CT

Suite, Apt. #, etc.

SALES OFFICE

Suite, Apt. #, etc.

City & State

DAVIE FLA

City & State

DAVIE FL

Zip

33325

Country

USA

Zip

33325-4506

Country

USA

4. FEI Number

01-0650170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SICKLER, MARY E

11474 S.W. 12TH CT.

DAVIE FL 33325-4506

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

MARY E. SICKLER

Mary E. Sickler

7/9/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS SICKLER, MARY E
CITY-ST-ZIP 11474 S.W. 12TH CT.
DAVIE FL 33325-4506

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

954 829-6279

Date

Daytime Phone #

CR2E034 (4/03)