

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90104 015 \*\*\*158.75

**DOCUMENT # P02000077096**

**1. Entity Name**  
**YOUNIQUE POTS & PLANTS, INC**



**Principal Place of Business**  
511 N ARNOLD RD  
PANAMA CITY BEACH FL 32413

**Mailing Address**  
511 N ARNOLD RD  
PANAMA CITY BEACH FL 32413



**2. Principal Place of Business**

511 N. Highway 79  
Suite, Apt. #, etc.

**3. Mailing Address**

511 N. Highway 79  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
Panama City Beach FL

**City & State**  
Panama City Beach FL

**4. FEI Number**  
61-1422720

**Applied For**  
Not Applicable

**Zip**  
32413

**Country**  
US

**Zip**  
32413

**Country**  
US

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

**6. Name and Address of Current Registered Agent**

THOMPSON, JAMES R  
8507 LAIRD ST  
PANAMA CITY BEACH FL 32408

**7. Name and Address of New Registered Agent**

**Name** Debra K. Thompson  
**Street Address (P.O. Box Number is Not Acceptable)** 8507 Laird St.  
**City** Panama City Beach FL **Zip Code** 32408

**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, the registered agent.**

**SIGNATURE** *[Signature]* Debra K. Thompson **DATE** 01-28-03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** THOMPSON, JAMES R  
**STREET ADDRESS** 511 N ARNOLD RD  
**CITY-ST-ZIP** PANAMA CITY BEACH FL 32413

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

**TITLE** VTD ☐ Delete  
**NAME** THOMPSON, DEBRA  
**STREET ADDRESS** 511 N ARNOLD RD  
**CITY-ST-ZIP** PANAMA CITY BEACH FL 32413

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

**TITLE** ☐ Delete  
**NAME**  
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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]* Debra K. Thompson **DATE** 01-28-03 **Daytime Phone #** 850 2336396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)