

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 044 ***150.00

DOCUMENT # P02000102152

1. Entity Name
UNIQUE PAINTING & CUSTOM DESIGN, INC.



Principal Place of Business
5119 SW 9TH LN
GAINESVILLE, FL 32607

Mailing Address
1000 SW 52ND AVENUE APT C-10
GAINESVILLE, FL 32608



05242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0166403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSER, JONATHAN S
5119 S.W. 9TH LANE
GAINESVILLE, FL 32607

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: MOSER, JONATHAN S
STREET ADDRESS: ~~2200 S.W. 4TH COURT~~ 5119 SW 9TH LANE
CITY-ST-ZIP: GAINESVILLE, FL ~~32608~~ 32607

TITLE
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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

6/13/07
Date

Daytime Phone #

TIN DATES DID NOT RECEIVE 1ST NOTICE

ATTACHMENT

40120807

#P02000102152

Denny,

Let me know what else you might need concerning the corporation of Unique Painting & Custom Design, Inc. This is what they sent me to sign.

Jonathan

P 02000102152

ATTACHMENT

40120807
#P02000102152**ALL FLORIDA FIRM**

ALL FLORIDA FIRM, INC. - NONLAWYERS

All legal notices must be mailed to:
 All Florida Firm, Inc.
 465 S. Volusia Av, Suite C
 Orange City, FL 32763

Client Representative:
DIEGA LORENZO
 Phone 386-446-0018
 Fax 386-446-9231

Purchased through our office located at: 465 S. Volusia Av, Ste C, Orange City, FL 32763

**Please SIGN and FAX back BOTH pages to
 FAX 386-446-9231**

By signing below you, the buyer, certify that you have read and agree with the terms found within this Customer Service Agreement. You further authorize the fees herein to be charged to your credit card. Copies and faxes are binding upon the parties the same as the original. You represent that you are an authorized signer on the credit card listed herein.
THERE ARE NO REFUNDS.

SIGN HERE x _____ Date: _____

For the purpose of this agreement the terms "WE", "US" and "OUR" refer to All Florida Firm, Inc. and/or its assigns and successors. The terms "YOU" and "YOUR" refer to the "Buyer". You and your corporation or LLC jointly and severally agree to be obligated to this agreement. You represent that you are signing as an individual and as an authorized agent, member and/or officer of the corporation.

BUYER INFORMATION:

Name: JONATHAN S MOSER
 Company Name: UNIQUE PAINTING & CUSTOM
 DESIGN, INC.
 Address: 5119 SW 9TH LANE
 City: GAINESVILLE State: FL
 Zip Code: 32607

Credit Card #: _____
 Expiration Date: ____/____ Card Security Code: ____
 Email Address: buckboy@gru.net
 Phone: 352-374-8964
 Fax: 352-374-8964

TOTAL ESTIMATED FEES		\$300.00
Forms and/or services to be performed by seller and fees to be paid to seller:		
Annual Report - Florida Corporation or LLC (nonlawyer document preparation service)		N/A - Not ordered
Reinstatement of Florida Corporation or LLC (nonlawyer document preparation service)		N/A - Not ordered
Registered Agent Service (through 12/31 of this year)		\$150.00
Florida DWC-250 Form-Notice of Election to be Exempt from Workers' Comp (nonlawyer document preparation service)		N/A - Not Ordered
Total of Fees to be paid to All Florida Firm, Inc. - Nonlawyers - Due Today		\$150.00

Estimated Government Fees. You are responsible for paying all government fees.		\$150.00
Annual Report - payable to Florida Division of Corporations		N/A - Not Ordered
Reinstatement - payable to Florida Division of Corporations		N/A - Not Ordered
Florida DWC-250 Form-Notice of Election to be Exempt from Workers' Comp payable to WC Administration Trust Fund (Division of Workers' Comp)		N/A - Not Ordered
Other:		N/A - Not Ordered

☒ **AUTOMATIC RENEWAL - ANNUAL REPORT SERVICE:** If this box is marked with an "X", the annual report service automatically renews at the annual rate of \$100.00 per year. This fee is earned by us once we notify you of the need to file the report.

☒ **AUTOMATIC RENEWAL - REGISTERED AGENT SERVICE:** If this box is marked with an "X", the registered agent service automatically renews at the annual rate of \$150.00 per year. This fee is earned by us once we notify you of the need to file the report.

All Florida Firm, Inc. - Customer Agreement. Page 1 of 2 - Form Revised for use beginning 11/01/2006
 All correspondence should be mailed or delivered to All Florida Firm, Inc., 465 S Volusia Av, Ste C, Orange City, FL 32763. All Florida Firm, Inc. is a nonlawyer firm. Please read the Disclosure of Nonlawyer that we provided to see our limitation as to what services we are able to provide you.

ATTACHMENT

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All legal notices must be mailed to:
All Florida Firm, Inc.
486 S. Volusia Av, Suite C
Orange City, FL 32763

Client Representative:
Dianna L. Leno
Phone 386-445-0018
Fax 386-845-9231

Purchase from our office located at: 486 S. Volusia Av, Ste C, Orange City, FL 32763

Date 5/23/07 Job # _____
TO Jonathan S. Moser
Corporation Unique Painting & Custom Design, Inc
Fax 352-374-8964

Attached you will find the State of Florida Annual Report or Reinstatement form for your review. Please make any corrections that you find are needed so that we may know what information you wish for us to type into the form. It is your responsibility to make sure the correct information appears on the form.

SIGNATURES REQUIRED:

The undersigned officer and registered agent indicate that the information found on the attached Annual Report or Reinstatement form is correct. The officer and registered agent give their permission for All Florida Firm Inc (or its employees, officers, agents or assigns) to electronically sign their name by typing it on the online annual report form.

☐ If checked here, changes are needed and have been indicated on the form. Otherwise, everything that exists is correct.

IMPORTANT: The undersigned officer is requesting the annual report reflect that the corporation and its officers and agents did not receive prior notice from the Division of Corporations that an annual report is required. The decision to make this representation to the Division of Corporations is solely made by the officer. The officer is also solely responsible for making a truthful representation on the Annual Report or Reinstatement.

Sign Here → _____ Date _____
Officer of Corporation

Sign Here → _____ Date _____
Registered Agent

Fax back to 386-845-9231

ATTACHMENT

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Automatic Renewal fees shall become due on January 5th of each year hereafter. We are not a government agency. The service that we provide for you is a nonlawyer document typing service for the purpose of preparing the forms ordered herein. The fee that you pay us is for that service only. We also offer registered agent services. We will prepare the government form(s) checked below using the nonverbal information that you provide us. We will prepare the form(s) on the government websites when available and possible. The decision to accept your report, form or application lies solely with government agency. Our fee(s) is/are shown herein. You will also need to pay all government fees. The government fees have been estimated above.

AUTHORIZATION FOR PAYMENT: You authorize us to charge your credit card for the fees as they become due. You also authorize us to submit your credit card for payment to the government agency for the purpose of paying the government fees when this choice is available. If for some reason the government charges more than what is estimated you shall be responsible for paying said fees. In the event the form being prepared does not allow payment via credit card, you will be responsible for submitting the appropriate fee and form directly to the government agency. **NO REFUNDS WILL BE GIVEN.** Once we have received this agreement properly executed by you we will fax, email or mail you the form(s) for your nonverbal markings and signature. If you do not receive the form(s) within 5 days, please call us. Once you receive the form(s) for your completion and signature, please fax it back to us. Please call this office to confirm that we have received your fax form. We cannot be held responsible for the non-delivery of faxed, emailed or mailed forms. You should confirm receipt of this agreement by calling us. You also authorize us to use the fax, email and/or phone numbers found herein or that you may later verbally give us to communicate with you regarding this agreement and/or any future offers we may wish to make to you. **DISCLOSURE OF NONLAWYER:** All Florida Firm, Inc.'s employee told me that it and/or its agents, employees, or assigns is/are nonlawyer(s) and may not give you legal advice, tell you what your legal rights or remedies are, cannot tell you how to testify in court, and cannot represent you in court. All Florida Firm, Inc., its employees, agent and/or assigns are not paralegals as we do not work under the direct supervision of an attorney licensed to practice law in the State of Florida. We may only type factual information provided by you to us in a nonverbal manner. We may not help you fill in the form and may not complete the form for you. You are solely responsible for providing us with accurate information. **DEADLINES:** You are solely responsible for meeting all deadlines required by the State of Florida law and agency rules. No warranties, expressed or implied, have been made to you by us regarding deadlines. We are not responsible for the operation or availability of government websites.

REGISTERED AGENT SERVICES: If you choose to make us your registered agent, we will perform the duties of registered agent in the State of Florida. We will telephone you upon the receipt of service of process or legal documents of any nature to request how you wish to have the legal documents forwarded to you. You agree to prepay us an additional receiving fee of \$20.00 for each service of process and/or legal documents that we receive on your behalf. Additionally, you agree to pay the actual fee we incur in mailing and/or overnighting the process service/legal documents to you. You agree to notify us of any change of your contact information and address. We are not responsible for forwarding documents to you if you fail to prepay prepayment of receiving fees and postage/courier fees and/or we are no longer able to contact you due to your failing to notify this office of your change of contact and/or address information. Annual registered agent fees cover our services through December 31st or any portion of each year. Our annual fee for this service is \$150.00 and are due no later than January 5th of any given year. If you wish to terminate the registered agent service you must notify this office in writing by certified mail and by phone, fax and/or email of your intention to terminate this service and you must file the appropriate forms to change the registered agent with the Division of Corporations prior to January 5th of that given year. Failure to do so shall result in your immediately owing us our annual fee. We charge the entire annual fee if you do not properly notify us and change the designation with the Division of Corporations in a timely manner regardless of whether or not your corporation/LLC is voluntarily or involuntarily dissolved. At your option and request, we will assist you with the change of registered agent form for a fee of \$50.00 to us plus government fees. If you choose this service, you hereby authorize us to act as your registered agent and to register ourselves as such with government agencies.

At our sole option we may resign as registered agent, with or without cause, at any time by notifying you in writing. In such a case you are solely responsible for paying the government fees associated with registering this resignation and designating a new registered agent. If the case that we resign, and only in this case, we will refund you the unused prorated portion of our annual fee. In the event we change addresses you agree to pay the government fees associated with changing our address.

From time to time we may receive "junk mail" on your behalf. You authorized us to dispose of such mail without notification to you. Examples of "junk mail" include but are not limited to: credit card offers, merchant account offers, and other mail soliciting business from you.

ENTIRE AGREEMENT: We make no warranties and/or promises unless they appear in writing. This is the entire agreement. You are responsible for providing us with accurate information. Services are limited to the State of Florida. **DEFAULT:** Time is of the essence. All fees are due immediately unless indicated otherwise. You and your corporation are jointly and severally liable for all fees due. In the event you fail to pay the fees due in a timely manner we shall be entitled to a late charge of 1.5% monthly on any unpaid balance. You also agree to pay all costs of collection including, but not limited to, attorney's fees, court costs, process serving fees and collection agency fees incurred by us in the event you fail to pay our fees in a timely manner. Venue for any action relative to this agreement shall be in Seminole County, Florida. **EFFECTIVE DATE:** This agreement shall not become legally binding upon us until approved by an officer of this corporation. **WRITTEN NOTIFICATIONS:** All notices that you are required to provide us shall be sent via certified mail return receipt requested to our principal address registered with the State of Florida, Division of Corporations. **ASSIGNMENT:** We may assign, transfer or otherwise convey our rights, responsibilities and benefits to any person or entity by providing you with notification of the assignment in writing.