

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90135 028 ***150.00

DOCUMENT # P02000127801



1. Entity Name

UNIQUE DEVELOPMENT, INC.

Principal Place of Business

12617 ULMERTON RD
LARGO FL 33774

Mailing Address

12617 ULMERTON RD
LARGO FL 33774

2. Principal Place of Business

2279 Tall Pines Dr.

3. Mailing Address

2279 Tall Pines Dr.

Suite, Apt. #, etc.

Ste. A

Suite, Apt. #, etc.

Ste. A

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

U.S.

Zip

33771

Country

U.S.



1st MOORE

CR2E034 (10/04)

4. FEI Number

33-1033517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARCHER, DANNY L
12617 ULMERTON RD
LARGO FL 33774

7. Name and Address of New Registered Agent

Name

Karcher Danny L.

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

2279 TALL PINES DRIVE

City

Largo FL

FL

Zip Code

33771

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 reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	KARCHER, DANNY L	
STREET ADDRESS	12617 ULMERTON RD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KARCHER, LIZA MARIE	
STREET ADDRESS	12617 ULMERTON RD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KARCHER, ANGELA A	
STREET ADDRESS	12617 ULMERTON RD	
CITY-ST-ZIP	LARGO FL 33774	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 535-9595