

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-02-2004 90029 036 ***150.00

DOCUMENT # P03000009254

1. Entity Name
UNIQUE REALTY AND HOMES, INC.



Principal Place of Business
**12154 CAPRI CIRCLE SOUTH
TREASURE ISLAND FL 33706**

Mailing Address
**12154 CAPRI CIRCLE SOUTH
TREASURE ISLAND FL 33706**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**PO BOX 40434
ST PETERSBURG FL
33743**

City & State
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**STEWART, JEAN
12154 CAPRI CIRCLE SOUTH
TREASURE ISLAND FL 33706**

66405641

MOORE CR2E034 (11/03)

4. FEI Number
05-0552266

Applied For
Not Applicable

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

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 *Jean Stewart* DATE **2-25-04**

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, 2004: 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/OWNER. <input type="checkbox"/> Delete JEAN STEWART 12154 CAPRI CR. S. TREASURE ISLAND FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a other like empowered.

SIGNATURE: *Jean Stewart* DATE **2/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR