2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
04 MAY 17 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/04 91026 029 $158.75

MOORE CR2E034 (11/03)

DOCUMENT # P03000123514

1. Entity Name
UNIQUE PLUMBING & DESIGN, INC.

Principal Place of Business	Mailing Address
3935 50TH AVE NORTH SAINT PETERSBURG FL 33714 US	3935 50TH AVE NORTH SAINT PETERSBURG FL 33714 US

2. Principal Place of Business	3. Mailing Address
3935 50th Ave. No	311 93rd Ave W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg Fl	City & State: St. Petersburg, Florida
Zip: 33714 Country:	Zip: 33702 Country: Pinellas

4. FEI Number: 03-0531326 ☐ Applied For ☐ Not Applicable

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

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

PUSATERI, RICHARD
311 93RD AVE. NORTH
SAINT PETERSBURG FL 33702

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

Name: Richard Pusateri
Street Address (P.O. Box Number is Not Acceptable): 311 93rd Ave W.
City: St. Pete. FL Zip Code: 33702

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 ______________________ DATE
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUSATERI, RICHARD	NAME	
STREET ADDRESS	311 93RD AVE. NORTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]