


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90052 026 \*\*\*150.00

<b>DOCUMENT # P04000070257</b> 1. Entity Name <b>UNIQUE AUTO RESTORATION INC</b>			
Principal Place of Business <b>9504 NW 52ND MANOR SUNRISE, FL 33351-7756</b>		Mailing Address <b>C/O BLAKESBERG &amp; COMPANY CPAS 951 SW 4TH AVE BOCA RATON, FL 33432-5803</b>	
2. Principal Place of Business <b>UNIQUE AUTO RESTORATION</b>		3. Mailing Address <b>9504 NW 52ND MANOR SUNRISE FL 33351</b>	
Suite, Apt. #, etc. <b>HOME</b>		Suite, Apt. #, etc. <b>N/A.</b>	
City & State <b>SUNRISE</b>		City & State <b>FL.</b>	
Zip <b>33351</b>		Country <b>USA.</b>	
4. FEI Number <b>20-1076317</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLAKESBERG, WILLIAM J 951 SW 4TH AVE BOCA RATON, FL 33432-5803</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>FRONCZAK, RICHARD T</b> <b>9504 NW 52ND MANOR</b> <b>SUNRISE, FL 333517756</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC</b> <b>FRONCZAK, CAROL</b> <b>9504 NW 52ND MANOR</b> <b>SUNRISE, FL 333517756</b>	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"/> Delete	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"/> Delete	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"/> Delete	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 all other like empowered.			
<b>SIGNATURE: R.T. Fronczak</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>2/9/05</b> Date	
<b>954</b> <b>544-3785</b> Daytime Phone #			

**50013125**



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