


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 037 ***150.00

DOCUMENT # P04000081641

1. Entity Name
UNIQUE PROPERTY INVESTMENT GROUP, INC.



Principal Place of Business
1225 ELLE CORCLE
ROCKLEDGE, FL 32955

Mailing Address
1225 ELLE CORCLE
ROCKLEDGE, FL 32955

2. Principal Place of Business
1225 Bolle Circle
Suite, Apt. #, etc.

3. Mailing Address
1225 Bolle Circle
Suite, Apt. #, etc.

City & State
Rockledge, FL

City & State
Rockledge, FL

Zip
32955 Country
USA

Zip
32955 Country
USA

04032006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1275455

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPPILLETIE, ERNEST D.
1225 BOLLE CIRCLE
ROCKLEDGE, FL 32955

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 *Ernest D. Cappillettie*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P CAPPILLETIE, ERNEST D. 1225 BOLLE CIRCLE ROCKLEDGE, FL 32955 <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	S CAPPILLETIE, CAROL D. 1225 BOLLE CIR ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ernest D. Cappillettie* **4/6/06** **639-3274**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #