

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # 005000049545

1. Entity Name

THE "UNIQUEU" SCHOOL OF ACTING, INC



FILED

11 JUN -8 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

600 N HWY 17-92

Suite, Apt. #, etc.

166

City & State

LONGWOOD

3. Mailing Address

PO BOX 953244

Suite, Apt. #, etc.

City & State

LAKE NAY, FL 32795

CR2E034B (1/11)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name:

BIRDELLA HALL-WALKER

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

117 Reel Ct

City

SANFORD

FL

Zip Code

32773

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 re-instating)

DATE

5/27/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

E-mail Address:

Deylla Walker@gmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BIRDELLA HALL-WALKER
STREET ADDRESS	117 Reel Court
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	VS
NAME	Brenda Campbell
STREET ADDRESS	118 Kelly Circle
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/27/11 407-416-2262