## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CODDODA NONC

	1330	COUNTY COUNTY	SION OF CONFORMIONS		
DOCUMENT # <b>P94000026419 (9)</b> 1. Corporation Name					
UNIQU	E FLOOR DECOR, INC.			1 19 8 14 8 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1	Bell Geith 1286 Bill Geel 1161 in 1812 182
Principal Place of Business Mailing Address					
12807 W HILLSBOROUGH TAMPA ASCOT PLAZA TAMPA FL 33615		12807 W HILLSBOROUGH TAMPA ASCOT PLAZA			
		TAMPA FL 33615		3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Maling Address		4. FEI Number	Applied For
21		26		59-3232949	Not Applical
Suite, Apt. #, etc. ,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country <b>25</b>	Zip.	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Я1 Name ADIPIETRO, PATRICK Street Address (P.O. Box Number is Not Acceptable) 82 11519 COUNTRY OAKS DRIVE **TAMPA FL 33624** 83 CILTAMPA 84 Zip Code 3361) 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as both, in the State of Florida Such change was authorized by the corporation's hoard of directors. Thereby accept the appointment as registered agent. Lam

familiar with, an orida Statutes SIGNATURE OFFICERS AND DIRECTORS CR2E034 (12/95) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIBLECTORS IN 12 TITLE DOLETE FIRE TITLE Change Preisdur NAME ADIPIETRO, PATRICK 1.2 NAME Adipietro, PATITICIE 11519 COUNTRY OAKS DRIVE STREET ADDRESS w. Hilberon 1.3 STREET ADDRESS 12867 **TAMPA FL 33624** CITY-ST-ZIP 33615 1.4 C(TY - ST - 7)P TITLE DELETE 2 1 THE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-\$1-ZIP TITLE DELETE 3 1 FILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY - ST - ZIP TITLE DELETÉ 4 1 IIILE [ ] Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - \$1 ZiP DELETE THILE 5 1 H!LE Change Addition NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY - ST - ZiP 5.4 CHY-\$1-7IP TITLE DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual 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 12 or Block 13 multiplication or man attachment with an address

6.4 CITY - ST - 2iP

SIGNATURE:

Applied For Not Applicable \$8.75 Additional