

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051866

1. Entity Name

UNIQUE DATA, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90250 008 ***150.00

817343



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

13289 WINDOVER WAY
PALM BEACH GARDENS FL 33418

116 CAPE POINTE CIRCLE
JUPITER FL 33477-9609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0510656

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYDEN, CHRISTOPHER W
321 NORTHLAKE BLVD
SUITE 107
NORTH PALM BEACH FL 33408

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME VAN DETTE, RICHARD C
STREET ADDRESS 116 CAPE POINTE CIRCLE
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VAN DETTE, DEBRA
STREET ADDRESS 116 CAPE POINTE CIRCLE
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD C. VAN DETTE 02-25-2000 561-743-9955

CR2E034 (9/99)