

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90097 050 \*\*\*150.00

**DOCUMENT # P95000029375**

1. Entity Name  
**UNIQUE MARKETING, TRAVEL AND INCENTIVES, INC.**

Principal Place of Business  
**2230 GULF SHORE BLVD. NORTH**  
**#T4**  
**NAPLES FL 33940**

Mailing Address  
**2230 GULF SHORE BLVD. NORTH**  
**#T4**  
**NAPLES FL 33940**



2. Principal Place of Business  
**7505 CORDOBA CIR**

3. Mailing Address  
**7505 CORDOBA CIR**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34109**

Country  
**COLLIER**

4. FEI Number  
**65-0569070**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CRISWELL, LINDA G**  
**2230 GULF SHORE BLVD. NORTH**  
**#T4**  
**NAPLES FL 33940**

**7. Name and Address of New Registered Agent**

Name  
**CRISWELL, LINDA G.**

Street Address (P.O. Box Number is Not Acceptable)  
**7505 CORDOBA CIR.**

City  
**NAPLES, FL** Zip Code  
**34109**

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  
*Linda G. Criswell*

(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, 2002 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PS</b>	<b>CRISWELL, LINDA G</b>	<b>2230 GULF SHORE BLVD. NORTH</b>	<input type="checkbox"/>
			<b>7505 CORDOBA CIR</b>	
			<b>NAPLES FL 33940</b>	
			<b>NAPLES FL 34109</b>	
	<b>TVP</b>	<b>CRISWELL, W.R.</b>	<b>2230 GULF SHORE BLVD. NORTH</b>	<input type="checkbox"/>
			<b>BT ABOVE</b>	
			<b>NAPLES FL 33940</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Linda G. Criswell* **SIGNATURE REQUIRED** *Linda G. Criswell* 4-19-02 941-596-7232

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)