

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90188 046 ***150.00

DOCUMENT # P95000029375



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

Principal Place of Business
**7505 CORDOBA CIR
NAPLES FL 34109**

Mailing Address
**7505 CORDOBA CIR
NAPLES FL 34109**

3399 GULF SHORE BLVD #205 3399 GULF SHORE BLVD #205

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **#205** Suite, Apt. #, etc. **#205**

City & State **NAPLES, FL.** City & State **NAPLES, FL.**

Zip **34103** Country **COLLIER** Zip **34103** 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
7505 CORDOBA CIR
NAPLES FL 34109 *NEW ADDRESS - ABOVE*

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 **LINDA G. CRISWELL** *Linda G. Criswell* **3/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRISWELL, LINDA G 7505 CORDOBA CIR NAPLES FL 34109 <i>NEW ADDRESS ABOVE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP CRISWELL, W.R. 7505 CORDOBA CIR NAPLES FL 34109 <i>NEW ADDRESS ABOVE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LINDA G. CRISWELL** *Linda G. Criswell* **3/24/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year

CR2E034 (10/02)