

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000064901

FILED
Apr 05, 2002 8:00 AM
Secretary of State

Entity Name: UNIQUE CONSUMER CONCEPT, INC.

Current Principal Place of Business:

9143 PHILLIPS HIGHWAY
SUITE 590
JACKSONVILLE, FL 32256

Current Mailing Address:

9143 PHILLIPS HIGHWAY
SUITE 590
JACKSONVILLE, FL 32256

FEI Number: 11-3336864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

9143 PHILLIPS HIGHWAY
SUITE 550
JACKSONVILLE, FL 32256

New Mailing Address:

9143 PHILLIPS HIGHWAY
SUITE 550
JACKSONVILLE, FL 32256

Name and Address of Current Registered Agent:

COVER, BRANDON M
500 VINCA PL
JACKSONVILLE, FL 32259

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COVER, RANDY(BRANDON)
Address: 500 VINCA PLACE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRANDON COVER

D

04/05/2002

Electronic Signature of Signing Officer or Director

_____ Date