

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P86000077701

1. Entity Name
UNIQUE CAFE, INC.



FILED
Jan 17, 2006 08:00 AM
Secretary of State

Principal Place of Business
**1219 LAFAYETTE ST.
CAPE CORAL, FL 33904 US**

Mailing Address
**1219 LAFAYETTE ST.
CAPE CORAL, FL 33904 US**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0695643** Applied For
Not Applied

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOWLER, ROBERT D
1437 NE 3RD TERRACE
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000387639
01/19/06-80048-004 150.00

10. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **FOWLER, ROBERT D**
STREET ADDRESS **1437 NE 3RD TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D. Fowler **ROBERT D. FOWLER** 1-11-06

239-945-101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #