

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045570

1. Entity Name

SCHOOL UNIQUE, INC.

Principal Place of Business

12900 FORT KING RD.
DADE CITY FL 33526

Mailing Address

P.O. BOX 1173
DADE CITY FL 33526-1173

2. Principal Place of Business

12900 Ft. King Rd.

3. Mailing Address

SAME

City & State

Dade City, FL

City & State

Zip

33525

Country

Pasco

Country

4. FEI Number

59-3454413

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JETER, JOHNNIE S
12900 FORT KING RD.
DADE CITY FL 33526

7. Name and Address of New Registered Agent

Name

Johnny Jeter

Street Address (P.O. Box Number is Not Acceptable)

12940 Ft. King Rd.

City

Dade City

FL

Zip Code

33525

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

Johnny Jeter

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	JETER, JOHNNIE S	
STREET ADDRESS	12900 FORT KING RD.	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JETER, JEFFERSON F JR.	
STREET ADDRESS	12900 FORT KING RD.	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	D.S.T.	<input type="checkbox"/> Delete
NAME	Jeter, Johnathan T. Jeter	
STREET ADDRESS	12940 Ft. King Rd.	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Johnny Jeter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90317 020 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)